This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

B 3 9015 00210 532 1
University of Michigan – BUHR

TRANSACTIONS

1891

Digitized by Google

APOLLINARIS

"The Queen of Table Waters."—London Medical Record.

NATURAL MINERAL WATER.

Bottled at and Imported from the Apollinaris Brunnen, Ahrweiler, Germany.

"*The exquisite Apollinaris.*"—Dr. MILNER FOTHERGILL.

"*The type of purity.*"—Prof. BARTLETT, F.C.S.

"*Favorably d* ... *Waters.*"

... RCHOW,

"*Exhilaratin* ... *man Parliament.*

... QUEEN.

... *Pharmacopœia.*"

THE A ... ONDON.

For Testimonials f ... AMMOND, LOOMIS, F. N. OTIS, ...), etc., etc.,

Apply to F. ... ited States,

HU ... OS

"THE RICHES ... NRIVALLED NATURAL ... AS A APERIENT ... USTOMARY WATER ... PERIENT."

Baron Liebig in La ... ish Med. Journal.

"*The Potent Hunyadi Janos.*"—Dr. MILNER FOTHERGILL.

"*Less drastic than Pullna and Friedrichshall, and produces no distress or uneasiness.*"—Prof. AITKEN, M.D., F.R.S.

"*Most certain and most comfortable.*"—
Inspector-General MACPHERSON, M.D.,
Author of "Baths and Wells of Europe."

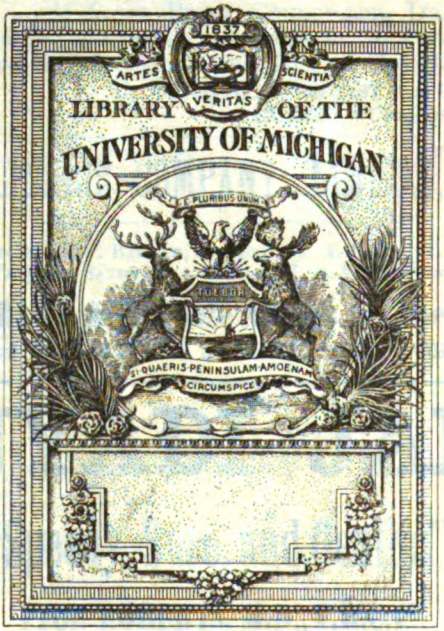
To secure the Genuine Water, require bottles with a blue label bearing the name of the

APOLLINARIS COMPANY, Limited, 19 Regent St., London, England.

Sole Agents for the United States,

FREDK. DE BARY & CO., 41 and 43 Warren Street, New York.

It is most efficacious when taken in the morning fasting, warmed to a temperature not below 60°, or when an equal ... to it.



Digitized by Google

Originality and Reliability. *Quality is of First Importance.*

HIGHEST AWARDS OVER ALL COMPETITORS.

PHILADELPHIA, 1876. PARIS, 1878. NEW YORK, 1879.
CHARLESTON, 1879. MELBOURNE, 1880. MATANZAS, 1881.

IMPORTANT.

SPECIAL NOTICE FROM MESSRS. SEABURY & JOHNSON.

Physicians will please remember that it is not only necessary to distinctly specify our goods, but is also imperative that they are dispensed by your pharmacist. Many complaints from practitioners have recently reached us, to the effect that the uniformity and excellent quality which have always distinguished our goods must have, or seem to have, undergone a change.

Being jealous of our reputation, we carefully investigated every complaint, and find THAT IN EACH INSTANCE, INSTEAD OF DELIVERING OUR ARTICLES, INFERIOR OR CHEAPER GOODS WERE SUBSTITUTED; *therefore the necessity of insisting on receiving what is prescribed. There can be no failure in our articles, as every preparation is made conscientiously after officinal formulæ.*

SEABURY & JOHNSON'S
U. S. P. BELLADONNA PLASTER.

Our article is incorporated with the Alcoholic Extract of Belladonna prepared from the roo The plaster mass is freed from all irritating and stimulating properties, thus promoting, to it fullest extent, the uninfluenced action of this valuable sedative.

ANALYSIS OF BELLADONNA PLASTERS.

By Prof. R. OGDEN DOREMUS.

BELLEVUE HOSPITAL MEDICAL COLLEGE
NEW YORK, *Sept.* 7, 1878.

Messrs. SEABURY & JOHNSON:

"*Gentlemen—I obtained from Messrs. W. H. Schieffelin & Co., of this city, samples of Belladonna Plasters prepared by Grosvenor & Richards, Boston; Mitchell's Novelty Plaster Works Seabury & Johnson, New York. I have examined these varieties for the purpose of determining which possesses the largest quantity of Atropine. I employed equal surfaces of each, and* ANALYSIS DEMONSTRATED THAT SEABURY & JOHNSON'S CONTAINS THE GREATEST PROPORTION *of the active principle of Belladonna, and is the most reliable Plaster.*

PROF. R. OGDEN DOREMUS, M.D., LL.D."

ANALYSIS OF BELLADONNA PLASTERS.

By J. P. BATTERSHALL, PH.D., ANALYTICAL CHEMIST.

NEW YORK, *June* 7, 1878.

Messrs. SEABURY & JOHNSON:

"*Gentlemen—Samples of the Belladonna Plaster, manufactured by your firm and by L. Grosvenor's, were purchased by me of a well-known drug house, and comparative tests made of the same for the purpose of determining the relative amount of Extract of Belladonna in each. The tests used were applied to an equal quantity of each plaster, and under similar conditions. I find that a larger amount of the solid Extract of Belladonna is contained in your preparation,* WHICH RESULT WAS CORROBORATED BY REPEATED TRIALS.

Respectfully yours, J. P. BATTERSHALL, Ph.D., *Analytical and Consulting Chemist.*

Practitioners who have not yet received our complete special physicians' catalogue of Pharmacopœia and Surgical Rubber Plasters, porous and spread, absorbent and antiseptic dressings, will be furnished same on application.

Yours very truly,

SEABURY & JOHNSON,
21 *PLATT ST., NEW YORK*

Digitized by Google

MATLEY HILL.

A PRIVATE SANATARIUM

FOR THE CURE AND TREATMENT OF

Mental and Nervous Diseases.

Located near Relay Station, B. & O. R. R.,

Nine Miles from Baltimore, Md.

THIS INSTITUTION is designed to meet the wants of a class of patients who do not require the restraint of a strong asylum, and whose friends desire more private accommodations for them than can be obtained in hospitals for the insane.

It is further designed to afford more immediate care and individual treatment than can be bestowed where large numbers are congregated, dividing the attention of both physician and attendant.

Another *important* feature of its organization is as far as possible to present homelike surroundings to the patient, and avoid every appearance of an hospital. The system adopted is that which is known in Germany and England as the *Family Method.* The home, or domestic life of the patient is preserved to a degree that cannot possibly be obtained in the congregate or Hospital system of treatment. The patient and the physician's family take their meals at the same table, which is liberally supplied, and differs in no respect from the tables of the educated classes elsewhere.

The milder forms of insanity will alone be received, and the whole number of patients limited to twenty-four (24). The number of attendants will be one for every four patients;* but special attendants will be furnished when needed. These fundamental principles of the INSTITUTION will be maintained in its management.

The mansion heretofore known as "Overton," situated on Matley Hill, has been refitted, furnished, and suitably equipped for the purpose named. The rooms are spacious, carpeted, and furnished with walnut, complete, and heated by hot air, drawn from without.

The site commands a beautiful view, and at the same time is completely isolated from intrusion, and furnishes a most desirable retreat for those for whom it is especially established.

Due regard has been paid to every detail relating to the care and comfort of the patient.

The grounds are ornamented by trees and shrubbery furnishing attractive walks.

A one-story pavilion attached to the main building offers rooms en suite, which open upon a large porch, and are especially adapted for such patients as desire complete privacy, or the attention of their own friends, or a personal attendant, or companions. The whole building is surrounded on three sides by covered porches, which affords outdoor exercise in bad weather.

The situation is high and healthful, and the most accessible point in the State, being distant only half a mile from the Relay, at which Station forty-two (42) trains stop daily. Access by private conveyance is also convenient. Telegraph communication to all parts of the country, and three mails daily.

For particulars concerning the admittance of patients, address

J. S. CONRAD, M.D., Resident Physician,

(*Late Superintendent Maryland State Hospital for the Insane*),

St. Denis P. O., Balto. Co., Md.

CONSULTING PHYSICIAN:

Prof. F. T. MILES, M.D.

CONSULTING SURGEON:

Prof. L. McLANE TIFFANY, M.D.

REFEREES.

Prof. R. McSherry, M.D.	John Morris, M.D.	Geo. C. Ogle, M.D.	G. S. Griffith.
Allen P. Smith, M.D.	Prof. A. B. Arnold, M.D.	Wm. G. Harrison, Esq.	Christian Devries.
Riggin Buckler, M.D.	Russell Murdoch, M.D.	Hon. Geo. W. Dobbin.	G. W. Lurman.
Prof. F. Donaldson, M.D.	Prof. W. T. Howard M.D.	Henry F. Thompson.	Joseph Merryfield.
H. P. C. Wilson, M.D.	Prof. S. C. Chew, M.D.	W. W. Taylor.	Hon. G. W. Brown.
	Prof. E. L. Howard, M.D.	Francis T. King.	

* The average in Asylums is one for every twelve patients.

Digitized by Google

COLLEGE OF PHYSICIANS AND SURGEONS,

BALTIMORE.

CITY HOSPITAL, *Cor. Calvert & Saratoga Sts.*

MATERNITE HOSPITAL, *163 W. Lombard St.*

MARYLAND WOMAN'S HOSPITAL, *51 Saratoga St.*

FACULTY OF PHYSIC.

THOMAS OPIE, M.D.,
Professor of Obstetrics.

JOHN S. LYNCH, M.D.,
Professor of Principles and Practice of Medicine, and Clinical Professor of Heart, Throat and Lungs.

E. LLOYD HOWARD, M.D.,
Professor of Materia Medica, Therapeutics and Medical Jurisprudence.

THOMAS S. LATIMER, M.D.,
Professor of Physiology and Diseases of Children.

AUGUSTUS F. ERICH, M.D.,
Professor of Diseases of Women.

AARON FRIEDENWALD, M.D.,
Professor of Diseases of the Eye and Ear.

CHAS. F. BEVAN, M.D.,
Professor of Anatomy, Genito-Urinary and Orthopedic Surgery.

OSCAR J. COSKERY, M.D.,
Professor of Surgery.

ABRAM B. ARNOLD, M.D.,
Professor of Clinical Medicine and Diseases of the Nervous System.

WM. SIMON, M.D., PH.D.,
Professor of Chemistry.

GEORGE H. ROHÉ, M.D.,
Clinical Professor of Dermatology.

RICHARD GUNDRY, M.D.,
SUPERINTENDENT OF SPRING GROVE INSANE ASYLUM,
Professor of Mental Diseases.

J. W. CHAMBERS, M.D.,
Demonstrator of Anatomy.

J. H. BRANHAM, M.D.,
Assistant Demonstrator.

WM. D. BOOKER, M.D.,
Demonstrator of Physiology.

THE PRELIMINARY LECTURES begin September 15, 1881, and continue until October 1, 1881.

THE REGULAR WINTER SESSION commences October 1, 1881, and ends March 1, 1882.

THE CLINICAL FACILITIES, we believe, are not surpassed in any school in this country.

THE CITY HOSPITAL, located in the centre of the city, receives most of the accident cases which occur.

THE MATERNITE HOSPITAL is constantly filled with cases which furnish the student bedside-instruction in Obstetrics.

THE MARYLAND WOMAN'S HOSPITAL being connected with the lecture-halls, enables the Professor of Gynecology to show every variety of operation in this department before the class.

THE CITY HOSPITAL DISPENSARY treats twenty thousand cases in one year.

All the above Institutions are owned and controlled exclusively by this School. For further information write for a Catalogue.

THOMAS OPIE, M.D., Dean,

Office, N. E. Cor. Carey and Lexington Sts.,

BALTIMORE, MD.

Digitized by Google

COMPRESSED

SOLUBLE HYPODERMIC TABLETS.

We have recently given much attention to the preparation of Soluble Compressed Tablets to be used in hypodermic medication. This idea was brought to the notice of the medical profession by H. Augustus Wilson, M.D., of this city, in a paper read before the Philadelphia County Medical Society. His views were based upon carefully made experiments, and were received with much interest. At his instance, we undertook to prepare in this manner a number of combinations, which have upon trial proved eminently satisfactory, We therefore feel warranted in offering these articles to the profession as superior in several respects to all other forms for hypodermic purposes.

An extensive experience of many years in the manufacture of compressed powders (or pills), and the precision and accuracy of our mechanical appliances, enable us to make these articles with a degree of perfection, not attainable in any other way, or by any other process. The exact amount specified of each drug is thoroughly incorporated and distributed throughout every tablet. In water, at ordinary temperatures, a perfect solution may be made in from thirty to sixty seconds.

No extraneous material is employed, except the Sodium Sulphate, and this only in such proportions as to facilitate solution.

Caution.—The dose of Morphia for hypodermic use varies from 1-12 to ½ grain. We would suggest to the profession the necessity for caution. The large doses sometimes recommended—½, ¾ and even 1 grain—are unsafe for the first trial, unless the conditions requiring the injection be exceptional. *In commencing, it should not exceed one-third of that ordinarily administered internally.*

Directions.—The syringe is charged with about twenty minims of water, which is poured into a teaspoon or other convenient receptacle; the pellet being dropped in, is crushed with the end of the syringe, to which the needle fits, and after all the lumps are broken the solution is drawn up and forced out three or four times, when usually the whole mass will be entirely dissolved and ready for use.

If warm water be used or the spoon be heated over a lamp or gas jet, a perfect solution is effected in a moment. The tablets may be readily powdered with the blade of a knife, and a solution is even more speedily made in this way.

The following formulæ and combinations embrace all those in general request. Others will be added as the demands of the profession warrant their manufacture.

We claim for our Hypodermic Tablets:

Absolute accuracy of dose.—Ready and entire solubity.—Perfect preservation of the drug.

Their convenience and utility will at once be apparent on examination.

Per Case of 10 Tubes or 200 Tablets.

No. 1	Morphiæ Sulphas 1-2 grain. Sodæ Sulphas 1-4 grain.	$3 00
" **2**	Morphiæ Sulphas 1-3 grain. Sodæ Sulphas 1-4 grain.	3 00
" **3**	Morphiæ Sulphas 1-4 grain. Sodæ Sulphas 1-4 grain.	2 50
" **4**	Morphiæ Sulphas 1-6 grain. Sodæ Sulphas 1-4 grain.	2 50
" **5**	Morphiæ Sulphas 1-8 grain. Sodæ Sulphas 1-4 grain.	2 50
" **6**	Morphiæ Sulphas 1-12 grain. Sodæ Sulphas 1-4 grain.	2 50
" **7**	Morphiæ Sulphas 1-2 grain. Atropiæ Sulphas 1-100 grain. Sodæ Sulphas 1-4 grain.	3 00
" **8**	Morphiæ Sulphas 1-3 grain. Atropiæ Sulphas 1-120 grain. Sodæ Sulphas 1-4 grain.	3 00
" **9**	Morphiæ Sulphas 1-4 grain. Atropiæ Sulphas 1-150 grain. Sodæ Sulphas 1-4 grain.	2 50
No. 10	Morphiæ Sulphas 1-6 grain. Atropiæ Sulphas 1-180 grain. Sodæ Sulphas 1-4 grain.	$2 50
" **11**	Morphiæ Sulphas 1-8 grain. Atropiæ Sulphas 1-200 grain. Sodæ Sulphas 1-4 grain.	2 50
" **12**	Morphiæ Sulphas 1-12 grain. Atropiæ Sulphas 1-250 grain. Sodæ Sulphas 1-4 grain.	2 50
" **13**	Atropiæ Sulphas 1-60 grain. Sodæ Sulphas 1-4 grain.	2 00
" **14**	Atropiæ Sulphas 1-100 grain. Sodæ Sulphas 1-4 grain.	2 00
" **15**	Atropiæ Sulphas 1-150 grain. Sodæ Sulphas 1-4 grain.	2 00
" **16**	Strychniæ Sulphas 1-60 grain. Sodæ Sulphas 1-4 grain.	2 50
" **17**	Strychniæ Sulphas 1-100 grain. Sodæ Sulphas 1-4 grain.	2 00
" **18**	Strychniæ Sulphas 1-150 grain. Sodæ Sulphas 1-4 grain.	2 00

These Tablets can be sent by Mail.

Physicians when ordering, will please enclose the proper amount, specifying the numbers as above.

John Wyeth & Brother,

PHILADELPHIA.

Digitized by Google

JEFFERSON MEDICAL COLLEGE

PHILADELPHIA.

THE Fifty-seventh Session of the Jefferson Medical College will begin on Monday, October 3d, 1881, and will continue until the end of the third week of March, 1882. Preliminary Lectures will be held from Monday, 12th of September.

PROFESSORS.

JOSEPH PANCOAST, M.D.,
General, Descriptive, and Surgical Anatomy (Emeritus).

S. D. GROSS, M.D., LL.D., D.C.L. Oxon., LL.D. Cantab.,
Institutes and Practice of Surgery.

ELLERSLIE WALLACE, M.D.,
Obstetrics and Diseases of Women and Children.

J. M. DA COSTA, M.D., Practice of Medicine.

WM. H. PANCOAST, M.D.,
General, Descriptive and Surgical Anatomy.

ROBERT E. ROGERS, M.D.,
Medical Chemistry and Toxicology.

ROBERTS BARTHOLOW, M.D., LL.D.,
Materia Medica and General Therapeutics.

HENRY C. CHAPMAN, M.D.,
Institutes of Medicine and Medical Jurisprudence.

The enlargement of the College, now in progress, will enable the Faculty to perfect the present system of *Practical Laboratory Instruction*, in all the Departments. Rooms are assigned in which each Professor, with his Demonstrators, will instruct the Class, in Sections, in direct observation and hand-work in the Chemical, Pharmaceutical, Physiological, and Pathological Laboratories. Operative and Minor Surgery, and investigation of Gynæcological and Obstetric conditions on the *Cadaver* will be taught, as also Diagnosis of Disease on the living subject.

This course of Instruction is *free of charge, but obligatory upon* candidates for the Degree, except those who are Graduates of other Colleges.

A SPRING COURSE of Lectures is given, beginning early in April, and ending early in June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay forty dollars, *thirty-five of which, however, are credited on the amount of fees paid for the ensuing Winter Course.*

CLINICAL INSTRUCTION is given *daily* at the **HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE** throughout the year by Members of the Faculty, and by the Hospital Staff.

—FEES.—

Matriculation Fee (paid once)	$ 5 00	Practical Anatomy	$10 00
Ticket of each Professor (7) $20	140 00	Graduation Fee	30 00

Fees for a full course of Lectures to those who have attended two full courses at other (recognized) Colleges—the matriculation fee, and $70 00

To Graduates of less than three years of such Colleges---the matriculation fee, and 50 00

The Annual Announcement, giving full particulars, will be sent on application to

ELLERSLIE WALLACE, Dean.

UNIVERSITY OF LOUISVILLE.

MEDICAL DEPARTMENT.

Forty-Fifth Annual Announcement.--Session 1881 and 1882.

FACULTY.

J. M. BODINE, M.D., Professor of Anatomy and Clinical Diseases of the Eye and Ear.
L. P. YANDELL, M.D., Professor of Clinical Medicine and Diseases of Children.
E. R. PALMER, M.D., Professor of Physiology and Physical Diagnosis.
T. S. BELL, M.D., Professor of the Science and Practice of Medicine and Public Hygiene.
JOHN E. CROWE, M.D., Professor of Obstetrics and Medical and Surgical Diseases of Women.
J. W. HOLLAND, M.D., Prof. of Mat. Med., Therap., Med. Chem., and Dis. of Nervous System.
D. W. YANDELL, M.D., Professor of Surgery and Clinical Surgery.
W. O. ROBERTS, M.D., Adjunct Professor of Surgery.

H. A. COTTELL, M.D. and R. A. GILBERT, M.D., Demonstrators of Anatomy.

FEES—Professors' Ticket, $75.00; Matriculation Ticket, $5.00; Practical Anatomy, $10.00; Graduation, $30.00; Hospital Ticket (required by the City), $5.00.

The Preliminary Term, Free to all Students, begins Sept. 15th and ends Oct. 1st. Regular Session begins Monday, Oct. 3d, and ends March 1st. 1882. For Circular, address

J. M. BODINE, Dean, Louisville, Ky.

Digitized by Google

[From the College and Clinical Record, Philadelphia, May, 1881.]

THE RELATION OF PHARMACY TO MEDICINE.

To the Medical Profession:

GENTLEMEN—We respectfully beg leave to call your attention to the following circular, which explains the relations which we occupy to the profession as manufacturers and dealers in pharmaceutical preparations:

Our business consists in the choice, preservation, preparation and combination of medicines. We are merchants, in that we buy and sell; manufacturers, in that we deal in our own productions. On a trade basis only do we present ourselves, and to the rules of trade do we conform.

Drugs are tools in the hands of the physician, as surgical instruments in the hands of the surgeon. The knowledge of knife-making does not qualify for the use of the knife, neither can a knowledge of drugs, without a knowledge of disease, justify their use in the treatment of the sick. We do not, therefore, attempt to usurp the prerogatives of the physician by advertising to cure the sick, or by proclaiming ourselves original investigators in therapeutics.

We practise pharmacy, not on a professional but on a trade basis. For this reason we do not write works on pharmacy, or make known our trade secrets for the benefit of our competitors. We invent new processes and machinery, and exercise exclusive control over them, but we do not patent drugs, or combinations of drugs, for these we do not look upon as proper objects for protection by patent; neither do we patent forms of medicinal preparations, nor seek to gain control of the same by secret formulæ. An exclusive right to the sale of a drug, or a combination of drugs, is injurious to trade, as it prevents legitimate competition, which is the life of trade. It is unfair to the consumer, as it enhances price without a just equivalent. It has a tendency to deteriorate quality, also, and it enables unscrupulous manufacturers to create an artificial demand by advertising fictitious values.

The only trade mark which we possess is our name and reputation, and it is of value to us but to the extent that we make it so by business enterprise and integrity. The trade-mark system, as at present constituted, is no guarantee whatever as to the quality of manufacture, and, therefore, not a protection to the profession and the public.

Our relations to the war waged at the present time upon "trade-mark pharmaceuticals," has been entirely under the leadership and direction of Dr. F. E. Stewart, of New York City, and, while Dr. Stewart has appeared as the champion of the medical profession and legitimate pharmacy, as well as in the interests of trade, our action has been taken from a trade basis purely.

New Drugs.—It has always been our desire to promote the advance of scientific progress, recognizing that trade, in every department, is directly dependent upon increase in knowledge. Though not original investigators in therapeutics ourselves, that being outside the province of trade, we do all in our power to favor therapeutical investigation. For this reason we take great pains to secure new drugs, and all information possible concerning them, for the purpose of presenting the same to the profession for scientific examination. From the great variety presented to our notice by trade, we select a few, which we are led to believe are of sufficient worth to justify our action from a therapeutical point of view, and after first submitting them to test, that we may determine more definitely their value before risking our capital, present them to the profession for trial; these trials we guarantee to publish, good, bad or indifferent, and if we have made an error in judgment in our selection of the drug, the loss is ours. If, on the contrary, the drug prove to be a valuable one, we have added to scientific knowledge, and thus conferred a benefit upon humanity, the medical profession, and also upon the trade.

Literature.—Practical medicine is largely empirical, and is likely to remain so, at least until physiology and pathology throw greater light upon the action of drugs in health and disease. The literature of therapeutics is, therefore, in a great measure, but the history of inconclusive experimentation. In the study of the literature pertaining to the action of drugs, three things should be taken into account. First, the ability and reliability of the experimenter; second, the nature and number of experiments sufficient for verification; third, the results of the well-observed and substantiated experiments. The unsupported testimony of the most careful and conscientious scientific investigator cannot be accepted as conclusive evidence; but the accumulated results of the extended experience of many competent observers is the only criterion to guide the physician in the treatment of the sick. If the profession had waited for an accumulation of this kind, however, before employing new drugs, the properties of rhubarb, cinchona and opium would never have been known. It should be the purpose, therefore, of trade, as well as science, to do all in her power to facilitate experimentation for the purpose of clearing up all representation regarding new drugs, and coining it, as far as possible, into a definite scientific literature! With this intent we have adopted the following plan, suggested by Dr. Stewart, and recognizing the benefit its adoption must be to trade by increasing the demand for new drugs, we offer our aid to the profession in carrying it out.

The plan suggested is to treat the patients in the numerous hospitals and dispensaries throughout the country with drugs which have proved themselves of value, and report the results to the medical press. The collection of these reports would furnish, in a short time, as much material as procured by older methods in a century, and from them could soon be compiled a valuable literature. Though these reports benefit us indirectly, and to the extent that we are identified with the introduction of the drug or its sale, we offer to the hospitals, gratuitously, drugs for this test, and we do not even request that our names shall be used in the journals in connection with the work.

And, finally, it is to be hoped that the medical profession will give us credit for the integrity of our motives in the introduction of new remedies from the platform on which we stand, and because of the methods which we have adopted.

PARKE, DAVIS & CO., Manufacturing Chemists, DETROIT, MICH.

Digitized by Google

W. Duncan M. D.

TRANSACTIONS

OF THE

MEDICAL ASSOCIATION

OF

GEORGIA.

THIRTY-SECOND ANNUAL SESSION,

1881.

EDITED FOR THE ASSOCIATION

BY A. SIBLEY CAMPBELL, M.D., SECRETARY,

AUGUSTA, GA.

AUGUSTA, GEORGIA:
PRINTED FOR THE ASSOCIATION,
BY JOSEPH LOVEDAY, REYNOLD ST.
MDCCCLXXXI.

Digitized by Google

SPECIAL NOTICE.

THE FOLLOWING RESOLUTION, adopted at the Twenty-fourth Annual Session, was ordered to be published annually in the Transactions:

Resolved, That this Association shall not be considered as indorsing the views of the authors of papers published in connection with the Transactions, unless definitely so indorsed in the proceedings of the Association.

Digitized by Google

Prefatory Note.

To the President and Members of the Medical Association of Georgia:

GENTLEMEN:—

I have the honor to present herewith the TRANSACTIONS OF THE THIRTY-SECOND ANNUAL SESSION, 1881.

As a somewhat longer time than usual has elapsed in issuing this volume—although not a day longer than was necessary under the circumstances,—I beg leave to state that the delay has been due, chiefly, to two causes, over neither of which I have individually had any control, but which have at the same time added greatly to the difficulties and perplexities appertaining to the work of publication: First, the comparatively small amount of money reported to me by the Treasurer when I entered upon the duties of my office,—and which did not authorize me to go to press until a larger amount had been raised or provided for; and, secondly, the difficulty of obtaining promptly from authors their manuscripts for publication,—which did not merely prevent me from handing them to the printer, but for a long time kept me in doubt as to the size, general arrangement and composition of the book. From these two causes combined, a considerable time had elapsed before even the initiatory steps could be taken and a definite, or even an approximate, estimate made in regard to the printing. To these main reasons are to be added, the usual and varied causes of delay incident to the publication of a volume of the kind,—which may be readily imagined without special detail here.

From the above facts, I deem it proper to call the seri-

261518

Digitized by Google

ous attention of every member to the urgent necessity of so amending the By-laws, at our next meeting, as to make the annual assessment sufficient to place the matter of publication on a safer basis, so that it may not be affected by temporary deficiencies that may arise from a small attendance at any given Session. By reference to the reports of the Treasurers of *other* State Medical Associations, it will be seen, that, in many instances, after the payment of their annual expenses, they have a large cash balance, amounting often to hundreds, and sometimes to thousands of dollars.

Notwithstanding the difficulties which have had to be contended against, as will be seen from the foregoing statement, an effort has been made to issue the present volume in a form which it has been hoped might awaken among the members a renewed and an increased interest in the Association and, consequently, in its annual publication.

As our TRANSACTIONS are a direct index of the work done by the Association—a reflex of the good that may be accomplished by it, and at the same time—under ordinary circumstances—a fair criterion of the interest which the members take in the maintenance and advancement of the organization, allow me, in conclusion, to express the hope that with a substantial fund in the future—without which nothing of the kind can succeed—we may be enabled to issue promptly an annual volume of TRANSACTIONS that will increase in interest and value from year to year.

Very respectfully,

A. SIBLEY CAMPBELL,

AUGUSTA, GA. *Secretary.*

Digitized by Google

Contents.

PAGE

Prefatory Note iii
List of Illustrations 3
Notices 4
Officers 5
Annual Committees 6
Special Committees and Delegates 7
Sections 8
Minutes of the Thirty-second Annual Session 11
President's Address. *By J. C. LeHardy, M.D.* 37
Reports of Sections and Voluntary Communications 49
Female Diseases, the Result of Errors in Habit and Hygiene during Childhood and Puberty—with Remarks on the Treatment of Rachialgia with Ignipuncture (Paquelin's Cautery). *By R. J. Nunn, M.D.* (With Photo-engravings) 51
Three Cases of Compound Comminuted Fracture of the Leg—Recovery without Suppuration. *By Thomas R. Wright, M.D.* 95
Case of Cut Throat—Attempted Suicide. *By Thos. H. Kenan, M.D.* 105
Uses of the Fluid Extract of Ergot. *By J. G. Hopkins, M.D.* 109
Report of Two Cases of Surgery—Wound Penetrating Cavity of Abdomen with Visceral Protrusion, and Wound of Duodenum. *By W. H. Philpot, M.D.* 113
Gunshot Wound of the Abdomen—Fecal Fistula—Spontaneous Closure—Recovery; with Further Remarks on the Action of Quinine. *By A. Sibley Campbell M.D.* 117
Eye Surgery—Remarks on a Few Rare and Interesting Cases. *By Chas. W. Hickman, M.D.* 131
Miscarriage Followed by Labor at Full-Term. *By S. B. Hawkins, M.D.* 137
Report of Surgical Cases, and Discussion of Quinine and Tar-Water as Antiseptics, etc. *By DeSaussure Ford, M.D.* (With two Photo-engravings.) 139
Report of the Section on Gynecology for the Seventh Congressional District—Dysmenorrhœa—Puerperal Convulsions. *By S. H. Stout, M.D.* 151
Nævus—and Report of Cases. *By W. F. Westmoreland, M.D.* (With three Woodcuts.) 191

Digitized by Google

PAGE

NECROLOGY 219

Report of the Committee on Necrology. *By K. P. Moore, M.D.* 221

Dr. W. J. Harrell. *By K. P. Moore, M.D.* 222

Dr. John B. Hendrick. *By K. P. Moore, M.D.* 224

Dr. R. J. Bruce. *By T. S. Hopkins, M.D.* 225

Dr. J. C. Habersham. *By Committee Georgia Medical Society, Savannah* 226

Dr. Easton Yonge. *By Committee Georgia Medical Society, Savannah* 228

Dr. Robert Irvine. *By Henry F. Campbell, M.D.* (With Artotype Portrait.) 230

BIOGRAPHY 255

Dr. Thomas F. Green. *By T. O. Powell, M.D.* 255

Dr. R. M. Smith. *By J. M. Toner, M.D.* 257

Dr. R. L. Roddy. *By L. B. Alexander, M.D.* 259

Dr. Crawford W. Long—The Discoverer of Anæsthesia. *By H. H. Carlton, M.D.* (With Heliotype Portrait.) 263

Dr. D. S. Brandon. *By T. S. Hopkins, M.D.* 288

Dr. William R. Burgess. *By P. H. Wright, M.D.* 289

Dr. T. D. L. Ryan. *By A. A. Smith, M.D.* 290

Dr. W. C. Musgrove. *By A. G. Whitehead, M.D.* 291

Constitution and By-Laws 295

Roll of Members 302

In Memoriam 310

Digitized by Google

List of Illustrations.

PORTRAITS.

PAGE

I. Dr. Robert Irvine .....(*Artotype*)..... 230

II. Dr. Crawford W. Long .....(*Heliotype*)..... 263

WOODCUTS AND PHOTO-ENGRAVINGS.

1. Paquelin's Cautery with Improvements by Dr. Nunn:—
The Ordinary Hand-Bellows. Fig. 1.
Point for Ignipuncture. Fig. *a*.
The Improved Hand-Bulb. Fig. 2.
Button- or Mushroom-Headed Point. Fig. *b*.
The Foot-Bellows. Fig. 3.
(*Photo-Engravings.*)—Dr. R. J. Nunn 87

2. Osteoma before Operation. (*Photo-Engraving.*)– Dr. DeSaussure Ford 147

3. Portion of Inferior Maxilla Removed for Osteoma. (*Photo-Engraving.*)—Dr. DeSaussure Ford..... 147

4. Nævus—Front View. ...(*Woodcut.*) Dr. W. F. Westmoreland. 207

5. Nævus—Profile View. ...(*Woodcut.*) " " 211

6. Nævus—After Operation.(*Woodcut.*) " " 215

Digitized by Google

Notices.

☞ MEMBERS AND OTHERS desiring extra COPIES OF THIS VOLUME may obtain them from the Secretary.—See next to last Advertising page.

☞ THE MEDICAL ASSOCIATION OF GEORGIA *will convene in the City of Atlanta, at its next—the Thirty-third—Annual Session, on the third Wednesday in April (19th), 1882.*

Digitized by Google

Officers.

(Elected April 21, 1881.)

PRESIDENT:

WILLIAM F. HOLT, *Macon.*

VICE-PRESIDENTS:

EUGENE FOSTER, *Augusta.*

T. M. McINTOSH, *Thomasville.*

SECRETARY:

A. SIBLEY CAMPBELL, *Augusta.*

TREASURER:

K. P. MOORE, *Forsyth.*

(Elected 1879.)

ORATOR:

J. R. DUGGAN, *Macon.*

BOARD OF CENSORS.

MEMBERS.	ELECTED.
CHARLES H. HALL, *Macon*,	*(1877).*
G. W. HOLMES, *Rome*, -- --	*(1878).*
W. B. WELLS, *Red Clay*, --	*(1879).*
E. L. CONNALLY, *Atlanta*, --	*(1880).*
R. J. NUNN, *Savannah*, -- --	*(1881).*

Digitized by Google

Annual Committees.

COMMITTEE ON PUBLICATION.

A. Sibley Campbell, *ex officio*; K. P. Moore, Geo. C. Dugas, DeSaussure Ford, James B. Baird.

COMMITTEE OF ARRANGEMENTS.

James B. Baird, Jno. Thad. Johnson, Jas. F. Alexander, E. L. Connally, J. S. Todd, G. G. Roy.

COMMITTEE ON NECROLOGY.

K. P Moore, W. A. Love, Robert Battey, R. P. Myers, T. S. Hopkins.

COMMITTEE ON PRIZE ESSAYS.

Eugene Foster, Robert Battey, W. A. Love, H. F. Campbell, R. J. Nunn.

Digitized by Google

Special Committees.

COMMITTEE ON THE BILL TO REGULATE THE PRACTICE OF MEDICINE IN THE STATE OF GEORGIA.

H. V. M. Miller, Joseph P. Logan, W. H. Hall, Robert Battey, Jno. Thad. Johnson, E. L. Connally, James B. Baird.

COMMITTEE ON STATE LUNATIC ASYLUM.

W. H. Hall, James B. Baird, B. R. Dostor.

DELEGATES

TO THE AMERICAN MEDICAL ASSOCIATION.

(Thirty-Second Session, Richmond, 1881.)

T. S. Powell, A. G. Whitehead, W. P. Nicolson, V. H. Taliaferro, H. F. Campbell, DeSaussure Ford, Eugene Foster, J. S. Coleman, J. W. Bailey, W. F. Westmoreland, J. F. Alexander, R. J. Nunn, T. S. Hopkins, W. O'Daniel, Geo. F. Cooper, J. R. Duggan, W. F. Holt, Robert Battey, J. G. Hopkins, W. H. Elliott, J. B. S. Holmes, C. H. Hall, W. B. Wells, J. C. LeHardy.

Digitized by Google

Sections.

FIRST DISTRICT.

Practice.—George H. Stone, A. G. Whitehead, Henry LeHardy.
Surgery.—W. H. Elliott, C. L. Sample, E. L. Crump.
Gynecology.—R. J. Nunn, A. W. Carswell, D. E. Gay.

SECOND DISTRICT.

Practice.—E. W. Alfriend, T. S. Dekle, J. T. Culpepper.
Surgery.—P. L. Hillsman, T. M. McIntosh, W. W. Bruce.
Gynecology.—A. P. Taylor, W. W. Twitty, T. S. Hopkins.

THIRD DISTRICT.

Practice.—A. R. Taylor, George T. Miller, R. H. Pate.
Surgery.—T. F. Walker, F. M. Jordan, George F. Cooper.
Gynecology.—Y. H. Morgan, A. A. Smith, S. B. Hawkins.

FOURTH DISTRICT.

Practice.—J. P. Taylor, W. H. Philpot, J. E. McMillan.
Surgery.—F. A. Stanford, A. B. Copeland, C. D. Smith.
Gynecology.—T. S. Mitchell, A. W. Griggs, George J. Grimes.

FIFTH DISTRICT.

Practice.—J. P. Logan, R. H. Taylor, L. B. Alexander.
Surgery.—W. F. Westmoreland, Paul Faver, J. T. Johnson.
Gynecology.—T. S. Powell, W. A. Love, S. H. Gray.

SIXTH DISTRICT.

Practice.—C. H. Hall, R. B. Nisbet, W. A. J. Anderson.
Surgery.—T. H. Kenan, D. W. Hammond, L. M. Jones.
Gynecology.—W. H. Hall, W. O'Daniel, A. C. Perry.

SEVENTH DISTRICT.

Practice.—R. J. Battle, W. P. Harden, J. W. VanMeter.
Surgery.—Robert Battey, S. Robertson, E. H. Richardson, Jr.
Gynecology.—G. W. Holmes, C. P. Gordon, W. S. Kendrick.

EIGHTH DISTRICT.

Practice.—H. H. Steiner, E. C. Goodrich, J. A. Dozier.
Surgery.—DeSaussure Ford, George C. Dugas, A. Sibley Campbell.
Gynecology.—Joseph A. Eve, H. F. Campbell, J. E. Allen.

NINTH DISTRICT.

Practice.—W. T. Hollingsworth, I. H. Goss, J. S. Simmons.
Surgery.—G. F. Wirsen, A. A. Bell, J. E. Pope.
Gynecology.—J. W. Bailey, W. J. Rusk, L G. Hardman.

Digitized by Google

MINUTES

OF THE

THIRTY-SECOND SESSION.

1881.

Digitized by Google

Digitized by Google

MINUTES

OF THE

Medical Association of Georgia.

THIRTY-SECOND ANNUAL SESSION.

FIRST DAY—MORNING SESSION.

THOMASVILLE, April 20, 1881.

The Medical Association of Georgia convened this day, at ten o'clock, in the City Hall, and in the absence of the retiring President, was called to order by the second Vice-President, Dr. B. R. Dostor.

The exercises were opened with prayer by Rev. J. B. McGehee, D.D., pastor of the First Methodist church.

Dr. T. S. Hopkins, Chairman of the Committee of Arrangements, delivered the following address of welcome:

Mr. President and Gentlemen of the Medical Association of Georgia:

After a lapse of seven years, it is again my duty and my sincere pleasure to greet you with a cordial salutation, and extend to you in behalf of our people a cordial welcome to Thomasville.

I see among you many familiar faces radiant with health and the promise of life, but I miss some who participated in your last meeting here, with promise of life equal to any of you. Bruce, and Brandon, and Harrell, no longer answer to the roll-call. The first, almost within sight and hear-

Digitized by Google

ing of his beloved home, in the darkness of the night, with no eye to see, or ear to hear his cry for help, was swept into eternity by the suddenly risen and angry waters of a ravine which he had a thousand times crossed and recrossed in safety. The second, in the fulness and prime of manhood, under the influence of Addison's disease, descended from the hill of life to the valley of the grave, painlessly, peacefully, and resignedly, with the full hope of a blessed immortality. The last, in the very beginning of a bright professional career and state of perfect physical manhood, almost in the twinkling of an eye, was snatched away by cerebro-spinal meningitis. The closed portals of the dark tomb conceal their earthly remains, and shut out from mortal view their manly forms. But—

> "The soul decays not; freed from earth
> And earthly toils, it bursts away;
> Receiving a celestial birth,
> And spurning off its bonds of clay,
> It soars and seeks another sphere,
> And blooms through heaven's eternal year."

Gentlemen, I feel that I address to-day the representatives of the noblest and most ennobling of all professions. Though your pathway from the green-room to the grave may be full of toils and difficulties and sacrifices, at times beset with thorns of ingratitude when it should be strewn with flowers of requiting love, you have ever with you a cheering compensation in victories won, which, though not heralded by the applause and acclamation of the world, are none the less triumphs of which you should be proud, for they are often consecrated by the silent tear or the outpouring expressions of grateful hearts.

Seven years ago this little town was unknown to fame, many of you had probably never heard of it, and if perchance you had, you doubtless from your mountain altitude looked down upon it as a jungle, in a dark corner of the State where Malaria reigned supreme, where the people's lullaby was the euphonious song of the bull-frog, and the patient, unobtrusive, but ever watchful gallinipper, their guardian angels. But upon a certain beautiful spring morning you came, and the scales of prejudice falling from your eyes, you saw; and seeing, your minds were disabused of such erroneous impressions, and you unanimously endorsed our views of its peculiar climatic adaptability to the consumptive, and published it to the world.

To-day, in no spirit of boasting, but truthfully, I do not hesitate to de-

Digitized by Google

clare that Atlanta, the coming Cincinnati of the South, the seat of Southern medical literature, with all her present prosperity and prospective grandeur, is not more widely known as a great business centre, than is this little town as a winter resort for invalids. During the winter every State in the nation is represented here. The Dominion of Canada, and the "Ever Faithful Isle" in the Gulf, once the world's great winter resort, send their representatives; and from far-famed Italy come letters of inquiry in reference to our climate, from medical men preparing for the press books on climatology. In this good work, free from every selfish or mercenary motive, we feel we have not labored in vain. We have the assurance that by it we have rescued some from the consumptive's grave. This is our reward. This has doubly repaid us for all we have ever done.

While we boast of our climate, we trust you will excuse our seeming vanity, if we boast also of our institutions of learning, where more than three hundred young gentlemen and young ladies are being educated by thorough and competent instructors. There are some things for which we are ever thankful, but of which we dare not boast, because we consider them the peculiar gifts of a beneficent Providence. Among these is our immunity from epidemics of diphtheria, scarlatina, cerebro-spinal meningitis, small pox, and above all that fearful scourge of Southern river localities—YELLOW FEVER. We have actually bearded this lion in his den, at Savannah, Fernandina, Brunswick and Bainbridge; brought him here and turned him loose among our people, and his power to wound was impotent and harmless.

Of our hospitality we will leave you to judge. Such as we have we tender you cheerfully and with gladness of heart, trusting if it falls short of that to which you have been accustomed, you will consider the size of our town, estimate our efforts by comparison, and carry with you to your homes pleasant impressions of our town, our doctors, and our whole people, who unite in bidding you thrice welcome to their hearts and their homes.

Dr. William F. Holt responded in behalf of the Association, as follows:

The pleasing duty, Mr. President, has been assigned me of responding in behalf of the Medical Association of Georgia, to the kindly welcome that has been so gracefully tendered us.

The hospitality of the physicians and citizens of Thomasville is almost

Digitized by Google

boundless, as many present who were fortunate enough to attend the meeting in 1874 will cheerfully testify; hence, when we were again invited to meet in your city, we accepted your invitation with alacrity, well knowing that a cordial welcome awaited us.

To me, Sir, these annual meetings are invested with a peculiar interest and pleasure. Here are assembled physicians from almost every section of the State—from the "City of Hills" to the "City by the Sea,"—representative men of the profession, who have carefully gathered and preserved every item of professional interest, and are here to day to interchange views and opinions one with another, for the sole object of advancing medical science and promoting the interests of this Association.

Then, the social features of our organization are not devoid of interest. Doctors are mortals, and, like their patients, require recreation,—or, as one of our worthy ex-Presidents has beautifully expressed it, require *rest*:—rest from the manifold cares and perplexities incident to and inseparably connected with the life of a busy practitioner. Here old associations are revived, new acquaintances are formed, and the bonds of friendship cemented more firmly. Among the number present to-day is there one who will regret the few days here spent? Will he not return to his home refreshed by the short respite from his labor and begin his work with renewed zeal and energy?

Let us then resolve to devote a few days of the year to the advancement of the interests of our noble profession. Let each one contribute his quota—not pet theories, but practical facts, deduced from his casebook, and the result will be that soon we shall have an Association that will be an ornament to the profession, a pride to the State we represent, and an honor to those whose names are enrolled as its members.

Indulging the hope that the present session of your body will be both instructive and harmonious, I again, in behalf of its members, thank you for your cordial welcome.

Dr. B. R. Dostor then introduced the President-elect, Dr. J. C. LeHardy, and retired from the Chair.

The President proceeded to deliver the usual annual address. [Appendix.]

On motion of Dr. Eugene Foster, the address of the President was referred to a committee of one from each congressional district represented at the meeting, to con-

Digitized by Google

sider and report upon the suggestions contained therein. Drs. Eugene Foster, R. J. Nunn, A. A. Smith, A. B. Copeland, W. F. Westmoreland, W. F. Holt and S. Robertson, Committee.

Dr. T. S. Hopkins, Chairman of the Committee of Arrangements, in behalf of the medical profession and citizens of Thomasville, extended to the Association an invitation to a banquet, at the Mitchell House, Thursday evening, at eight o'clock, and to a ball, at the same place, on Friday evening.

Accepted, with the thanks of the Association.

The Committee of Arrangements reported the following gentlemen present, duly registered and entitled to participate in the deliberations of the meeting: [The names of new members were added subsequently. Sec.]

Drs. B. R. Dostor, Wm. F. Holt, Eugene Foster, A. G. Whitehead, C. L. Sample, J. C. LeHardy, T. M. McIntosh, T. S. Hopkins, W. F. Westmoreland, M. R. Mallette, W. W. Twitty, A. P. Taylor, W. S. Wood, W. W. Bruce, J. T. Johnson, A. B. Copeland, R. J. Nunn, Thos. H. Kenan, A. A. Smith, J. R. Duggan, L. B. Bouchelle, J. G. Hopkins, K. P. Moore, S. Robertson, Kenan Hall, J. T. Culpepper, J. M. Whitaker, W. H. Elliott, R. T. Wethington, Jas. B. Baird, T. S. Dekle, W. H. Hall.

Dr. J. P. Logan, Chairman of the Committee on the claims of Dr. Crawford W. Long, as the discoverer of anæsthesia, presented through the Secretary the following letter from Dr. Robert Battey—a member of the Committee—as the final report of the Committee, and asking to be discharged:

Digitized by Google

ROME, GA., 12th April, 1881.

Dear Dr. Logan:

Your letter of the 10th is received. I had an interview with Dr. Sims, in June last, in reference to the movement to secure from Congress a recognition of the claims of Dr. Crawford W. Long, as the original discoverer of surgical anæsthesia, and the making of some substantial provision for his family.

Dr. Sims stated to me that his hopes of success were founded upon the personal devotion Mr. Henri L. Stuart, who had the matter deeply at heart, and possessed ability, leisure, means and enthusiasm to press the claim. With the death of Mr. Stuart, died his hope of success. Dr. Sims expressed the opinion that the claim in the future would be hotly contested, as it always had been in the past, and nothing short of so able and devoted an advocate as Mr. Stuart would stand any chance of success

Truly yours,
ROBERT BATTEY.

DR. J. P. LOGAN,
Atlanta, Ga.

Adopted.

Dr. James B. Baird, Chairman of the Committee on Publication, presented the following report:

To the Medical Association of Georgia:

GENTLEMEN,—The Committee on Publication ask leave to present the following report:—

Four hundred copies of the Transactions of 1880, of two hundred and fifty-two pages each, were issued at a total cost of $305.98. The actual cost of the publication was reduced to the extent of $39 received for a few approved advertisements, inserted in the back of the volume—making the net cost of each volume sixty-six cents and a fraction. Every member of the Association received one copy of the Transactions. Twenty-six copies were exchanged with various State medical societies; about forty copies were sent to medical journals throughout the country; a few copies were forwarded to Boards of Health, local libraries, and different medical organizations upon application, and a reserve of about one hundred copies is now in the hands of the Secretary. It will be observed that a larger edition than the necessities of the case demanded was printed. But the delay on the part of members in responding to

Digitized by Google

the demands of the Treasurer for dues, made it impossible to determine how many copies would be required for the use of the Association, and, rather than defer the publication, in view of the very small additional cost of the last fifty or one hundred copies, it was decided not to wait until all the dues were collected, but to proceed with the printing, and only delay, to the last moment, the form containing the roll of membership. Consequently, it will be perceived that the basis upon which estimates were made was uncertain, and the omission from the roll of over forty names, dropped under the By-laws for failure to pay dues, explains the unusually large surplus.

The following are the names omitted from the roll, on the report of the Treasurer, for failure to pay dues for two consecutive years:—

L. G. Alexander, H. L. Battle, Charles Boyd, W. A. Camp, W. M. Charters, J. M. Daniel, W. G. Drake, W. H. Foster, W. T. Goldsmith, W. I. Greene, T. G. Greer, B. W. Hardee, J. B. Hinkle, D. O. Hunt, Thos. P. Janes, E. V. Jarrett, W. P. Jennings, D. T. Johnson, W. G. Jones, Ferdinand King, H. B. Lee, W. T. Lockheart, Jas. S. Mims, G. W. Murphy, C. W. Nutting, H. Perdue, Charles Pinckney, B. S. Purse, T. M. C. Rice, S. L. Richardson, R. B. Ridley, S. S. Shields, T. W. Sims, T. S. Stewart, C. S. Strother, J. E. H. Ware, L. J. White, R. F. Wright, King Wylly, and W. B. Tackett.

Several members dropped heretofore were reinstated at our last meeting, under the provisions of a resolution adopted by the Association, at the Rome session, two years ago.

Your Committee again, with sincere regret, call attention to the absence of any report, in the Transactions, from the Committee on Necrology. The only recognition accorded our deceased members, by this body, is the placing of their names on the roll of the dead. Many of them are men whose memories would reflect lustre upon any organization. Yet, in the official records of this Association, not one word appears to attest their devotion to science, their loyalty to their profession, or the value, as an example, of their true, unostentatious, unselfish and useful lives.

Our records apparently disown them. They certainly fail to claim, and to cherish them.

The blank spaces left in printing the several sections for the congressional districts, was due to the inadvertent selection of men, by the Committee on Nominations, who are not members of the Association, and it was deemed proper to omit the publication of their names.

The following Transactions of State Medical Societies have been re-

Digitized by Google

ceived during the past year, namely:—California, Connecticut, Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Rhode Island, Tennessee, Virginia, Wisconsin.

Also, the Transactions of the College of Physicians of Philadelphia, and the Annual Reports of the State Boards of Health of Connecticut and Michigan.

Respectfully submitted.

JAS. B. BAIRD, *Chairman.*

Adopted.

The Committee on Necrology, through the Chairman, Dr. K. P. Moore, stated that the report was not completed, and asked further time.

The request of the Committee was granted, the report to be made at the present session.

The following names were presented for membership in the Association, and referred, under the rules, to the Board of Censors:

Drs. S. Robertson, Dallas; W. W. Bruce, Thomasville; J. T. Culpepper, Boston; Kenan Hall, Macon; J. M. Whitaker, Milledgeville; W. H. Elliott, Savannah.

Dr. B. R. Dostor was called to the Chair.

In the absence of all the Censors, the Chair appointed Drs. T. S. Hopkins, W. F. Holt and J. T. Johnson, to act for the Board.

Under the call of sections from the several Congressional districts, the following reports were presented by title, to be called up and read at the pleasure of the Association:

Dr. R. J. Nunn: "Report of the section on gynecology for the First Congressional District."

Dr. A. A. Smith: "Hour-glass contraction of the uterus, with adherent placenta."

Digitized by Google

Dr. J. G. Hopkins: "The uses of fluid extract of ergot."

Dr. J. T. Johnson: "Some points in the surgery of the hand."

Dr. J. R. Duggan: "The therapeutics of mineral waters; with a classified list of the prominent mineral springs in Georgia."

Dr. S. H. Stout: "Report of the section on gynecology, for the Seventh Congressional District."

Dr. W. H. Philpot: "Report of two cases of surgery. Wound penetrating the cavity of the abdomen, with visceral protrusion, and wound of duodenum."

Dr. DeSaussure Ford: "Report of Surgical Cases, and Discussion of Quinine in Antiseptic Surgery, with Specimen of Inferior Maxilla Extirpated for Osteoma." Dr. Ford being absent, the specimen was presented for him by Dr. Eugene Foster.

Under the call for voluntary communications, Dr. Thomas H. Kenan reported by title a paper on "Attempted suicide by cutting throat."

The following paper was then read by the Secretary:

To the Medical Association of Georgia:

GENTLEMEN,—The imperative demands of other duties will, in future, seriously interfere with the proper discharge of my obligations as Secretary of this Association.

I yield, therefore, reluctantly to the necessity of placing my resignation of the office before you; and I respectfully request its immediate acceptance.

In severing my official relation with this organization, permit me to express the profound appreciation which I entertain of the kindness, the courtesy and the confidence which the officers and the members have invariably exhibited; and to say that, in the future as in the past, it shall be my constant care to advance the interests, and to guard the honor of this body, to the utmost of my ability.

JAS. B. BAIRD.

Digitized by Google

On motion of Dr. T. S. Hopkins, the resignation was accepted, and the following resolution, by Dr. W. F. Holt, was adopted :

Resolved, That the thanks of this Association are due, and are hereby tendered, to Dr. James B. Baird for the able and efficient manner in which he has discharged the duties of Secretary, for the past four years.

Dr. R. J. Nunn's paper was made the special order for three o'clock afternoon, first day.

The Board of Censors reported favorably upon the applications for membership of Drs. S. Robertson, W. W. Bruce, J. T. Culpepper, Kenan Hall, J. M. Whitaker, and W. H. Elliott.

Adopted.

By Dr. J. R. Duggan:

Resolved, That the clergy, visiting physicians, the honorable Mayor and City council, the legal profession and representatives of the press, be invited to seats on the floor.

Adopted.

On motion the Association adjourned until three o'clock.

FIRST DAY—AFTERNOON SESSION.

The Association met, and in the absence of the President and Vice-Presidents, on motion, Dr. Jno. Thad. Johnson was called to the Chair.

The Secretary read letters from Drs. William O'Daniel, S. H. Stout, W. H. Philpot, Thomas R. Wright and Thomas S. Mitchell, expressing regret at their inability to attend the session, and wishing the Association a pleasant and profitable reunion; also, a letter from Dr. Robert Battey

Digitized by Google

was read, saying that he was unexpectedly deprived of the pleasure he had anticipated at this meeting, by the sudden and hopeless illness of his youngest son, a student at Emory College.

It was stated by the Secretary that, since the writing of the letter, a telegram announcing the death of the young man, had been received.

On motion of Dr. Eugene Foster, the Secretary was instructed to convey to Dr. Battey the sincere sympathy of this body in his sad bereavement.

Dr. R. J. Nunn read his paper, reported by title at the morning session, and exhibited the different forms of Paquelin's cautery, with sundry improvements by himself, and explained the manner and advantages of its application.

An invitation from Col. A. P. Wright, President Board of Trustees of the South Georgia Agricultural College, to visit that Institution, and witness the drill of the students, was accepted for Thursday afternoon, at five o'clock.

Dr. K. P. Moore was added to the Board of Censors.

The Nominating Committee was announced as follows, and on motion of Dr. R. J. Nunn, they were instructed to report at ten o'clock, Thursday morning:

Drs. Eugene Foster, W. H. Hall, W. F. Holt, A. A. Smith, J. T. Culpepper, B. R. Dostor, A. G. Whitehead, C. L. Sample, J. T. Johnson, A. B. Copeland, R. J. Nunn, W. W. Twitty, S. Robertson and K. P. Moore.

Dr. W. S. Wood, of Camilla, applied for membership. Referred, under the rules, to the Board of Censors.

Dr. J. G. Hopkins and Dr. J. R. Duggan read papers already reported by title.

Digitized by Google

The Board of Censors reported favorably upon the application of Dr. W. S. Wood.

Adopted.

Several motions and amendments were offered, intended to regulate the hours of convening and adjourning the daily sessions; but a motion by Dr. K. P Moore—to meet at ten o'clock a.m. and three o'clock p.m., and adjourn at the pleasure of the body—prevailed.

The Association then adjourned until ten o'clock Thursday morning.

SECOND DAY—MORNING SESSION.

The Association met pursuant to adjournment, and was called to order by the President.

An invitation from Prof. J. E. Baker, President of the Young Female College, to visit the college and witness the calisthenic exercises of the young ladies, was accepted.

The Secretary announced that Dr. H. F. Scott, the orator appointed for the present session, had resigned on account of uncertainty of attending the meeting, and that Dr. Geo. C. Dugas had been appointed and accepted the office.

He then read a letter from Dr. Dugas, saying that the necessity of constant attention to an ill relative would prevent his presence.

The Secretary also read a letter from Dr. Geo. F. Cooper, expressing his regrets for his failure to have the report on gynecology from the Third Congressional District prepared

Digitized by Google

in time for this meeting, and asking the privilege of handing it to the Committee on Publication.

Granted.

A voluntary communication from Dr. Thos. R. Wright was announced, on "Three cases of compound comminuted fracture of the leg. Recovery without suppuration."

The Nominating Committee reported as follows:

For President—Dr. William F. Holt.

For First Vice-President—Dr. Eugene Foster.

For Second Vice-President—Dr. T. M. McIntosh.

For Secretary—Dr. A. Sibley Campbell.

For Censor—Dr. R. J. Nunn.

[For the remainder of the report—Annual and Special Committees, and Sections—see pages six, seven and eight.]

Adopted.

Dr. Eugene Foster, acting under instructions from the Committee on Nominations, introduced the following resolution:

Resolved, That the Committee on Nominations recommend the following change in the By-law on Sections:

Omit the word "gynecology," and insert in lieu thereof "obstetrics," and add as follows:

"There shall also be a section on specialties, to consist of one member from each district, so far as such specialty may be represented in that district, viz: Gynecology, Ophthalmology, Otology, Laryngology, Diseases of the Chest, Genito-urinary Organs, Syphilography, and other titles to be added as they arise."

After free discussion of the proposed resolution, Dr. J. R. Duggan moved to amend the resolution by substituting Sections of three members on each specialty, from the State at large, and by including a section on Materia Medica.

Digitized by Google

On motion of Dr. Jno. Thad. Johnson, the whole matter was laid on the table until three o'clock.

Dr. James B. Baird then introduced the following bill:—

A BILL,

To be entitled, *An* Act *to Regulate the Practice of Medicine in the State of Georgia.*

Section 1. The General Assembly of the State of Georgia do enact, That within sixty days after the passage of this Act, the Governor shall appoint nine legally qualified physicians of skill and experience, who shall have been regular graduates of medicine and practitioners of not less than ten years, one from each congressional district in this State, who shall constitute a Board of Medical Examiners, to be called the Medical Board of the State of Georgia; five members of which, at any regular, called or adjourned meeting, shall constitute a quorum for the transaction of business.

Section 2. Be it further enacted, That the said nine physicians so appointed, shall hold office as such Medical Examiners, respectively, for the terms following, namely, three for two years, three for four years, and three for six years, and until their successors are appointed and qualified. After the appointment of said nine physicians, as aforesaid, they shall meet in the office of the Secretary of State, upon notice from him of the day of meeting, and shall proceed, under his direction, to determine by lot which of them shall hold for the respective terms, of two, four, and six years, the said office of Medical Examiner. Immediately, and before entering upon the duties of said office, they shall take the oath prescribed for State officers, by the Constitution of this State, and shall file the same in the office of the Secretary of State, who, upon receiving said oath of office, shall issue to each of said Examiners a certificate of appointment for his respective term of office, so determined as aforesaid; upon receiving which they shall severally be and become Medical Examiners, and shall possess and exercise the power and perform the duties of said Board as defined in this Act.

Section 3. Be it further enacted, That the term of office of said Medical Examiners, after the expiration of the terms aforesaid, shall be six years, and they shall be appointed by the Governor. Any vacancies that

Digitized by Google

may occur by reason of death, removal from office, or otherwise, shall be filled in like manner.

SECTION 4. Be it further enacted, That immediately after the nine appointed Medical Examiners shall have taken the oath of office, as above provided, they shall meet and organize as a Medical Board by electing one of said Board to be President, and by appointing a proper person, who shall be a legally qualified physician, to be Secretary and Treasurer of said Board; and the successive Presidents of said Board shall be annually elected by said Board from the members thereof. The duties of the President shall be prescribed by the by-laws or rules of order of said Board. The Secretary shall continue in office as such for six years, or until removed by the election of a successor or otherwise, and be executive officer of said Board, and he shall perform such duties as said Board may determine. He shall reside at the Capital of the State, and by virtue of his election as Secretary, shall be a member of said Board, and enjoy all the rights and privileges and exercise all the functions of a member otherwise appointed.

SECTION 5. Be it further enacted, That said Board shall meet at least once every twelve months, at the Capital, and may also hold special meetings as frequently as the proper discharge of its duties shall require, the same to be convened by order of the President, and the rules and by-laws shall provide for the giving of proper notice of all such meetings to the members of the Board and to the public.

SECTION 6. Be it further enacted, That it shall be the duty of said Board to faithfully examine all persons who may apply to them for that purpose, which examination shall embrace anatomy, physiology, pathology, clinical medicine, surgery, medical chemistry, obstetrics and therapeutics. Provided, if any applicant shall express an intention to practise any exclusive system of medicine, then the examination in therapeutics shall be omitted, but in lieu thereof the applicant shall adduce a certificate of proficiency, from a respectable practitioner of said exclusive system, which shall be accepted by the Board, if deemed genuine, as satisfactory evidence of his qualification in that branch.

SECTION 7. Be it further enacted, That said Board shall issue to all such persons, over twenty-one years of age, believed to be of good moral character, who shall pass satisfactory examinations as herein provided, a certificate, which certificate shall be regarded as a license to

Digitized by Google

practise medicine within this State upon compliance with the subsequent sections of this Act.

SECTION 8. Be it further enacted, That it shall be the duty of said Board to examine the diplomas of all graduates of medical colleges, medical schools or universities without this State, who may desire to commence the practice of medicine within this State, and who may present said diplomas for examination, and to indorse such as have been lawfully conferred.

SECTION 9. Be it further enacted, That in the intervals of the Sessions of the Board any member of said Board may indorse diplomas and license applicants, within his district, as herein provided; but such indorsement and license shall not be valid after the next subsequent meeting of the Board, and shall not be given by any member of the Board after the applicant shall have had an opportunity of applying to said Board, or after the refusal of said Board to license or indorse.

SECTION 10. Be it further enacted, That every application for examination by said Board shall be accompanied by a fee of thirty dollars, and every application for an indorsement of a diploma by a fee of twenty dollars, to be paid into the Treasury of said Board; but if a temporary license or indorsement of a diploma is given, as provided in this Act, the member of the Board granting the license or indorsement shall be entitled to a fee of ten dollars, to be paid into the Treasury of the Board.

SECTION 11. Be it further enacted, That all moneys due the Board shall be paid into the hands of the Treasurer of said Board, who shall, after deducting the necessary expenses of the Board, and not more than two hundred dollars per annum as extra compensation for the Secretary, divide the balance equally, share and share alike, among the members of said Board.

SECTION 12. Be it further enacted, That the Board may establish such rules and regulations, from time to time, as may be deemed necessary to insure the faithful execution of the provisions of this Act.

SECTION 13. Be it further enacted, That no person shall practise medicine within this State unless he is twenty-one years of age, and either has been heretofore legally authorized so to do, or shall be hereafter authorized so to do, as prescribed by this Act.

SECTION 14. Be it further enacted, For the purposes of this Act the

Digitized by Google

words "practise medicine" shall mean to suggest, recommend, prescribe or direct, for the use of any person, any drug, medicine, appliance, apparatus, or other agency, whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound, fracture, or other bodily injury, or any deformity, after having received, or with the intent of receiving therefor, either directly or indirectly, any bonus, gift or compensation.

SECTION 15. Be it further enacted, That every person now lawfully engaged in the practice of medicine within this State, shall, on or before the first day of December, eighteen hundred and eighty-one, and every person hereafter duly qualified to practise medicine, shall, before commencing to practise, register in the Clerk's office, of the county wherein he resides, and is practising, or intends to commence the practice of medicine, in a book to be kept for the purpose by said Clerk, his name, residence and place of birth, together with his authority for practising medicine, as prescribed in this Act. The person so registering shall subscribe, or verify by oath or affirmation, before a person duly qualified to administer oaths under the laws of this State, an affidavit containing such facts, and whether such authority is by diplôma or license, and the date of the same, and by whom granted, which shall be exhibited to the County Clerk at the time of registering; and which, if wilfully false, shall subject the affiant to conviction and punishment for perjury. The County Clerk to receive a fee of twenty-five cents for such registration, to be paid by the person so registering.

SECTION 16. Be it further enacted, That any person who violates either of the three preceding sections of this Act, or who shall practise, or offer to practise, medicine without lawful authority, or under cover of a diploma or license illegally obtained, shall be deemed guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than one hundred dollars or more than five hundred dollars, or by imprisonment for not less than thirty or more than ninety days, or both. The fine, when collected, shall be paid, the one-half to the person, persons or corporation making the complaint, the other half into the county treasury.

SECTION 17. Be it further enacted, That a person coming into this State from without the State may be licensed to practise medicine within this State in the following manner:—If he has a diploma conferring upon him the degree of doctor of medicine, issued by an incorporated medi-

Digitized by Google

cal college, medical school or university without this State, he shall personally exhibit the same to the Medical Board of the State of Georgia, with satisfactory evidence of his good, moral character, and such other, if any, of his qualifications to practise medicine as said Board may require. If his diploma and qualifications are approved by them, then they shall indorse said diploma, which shall make it, for the purpose of his license to practise medicine within this State the same as if issued by them. The applicant shall pay to said Board the sum of twenty dollars for such examination and indorsement. This indorsed diploma shall authorise him to practise medicine within this State, after he shall have complied with section fifteen of this Act.

SECTION 18. Be it further enacted, That the degree of doctor of medicine lawfully conferred by any incorporated medical college, medical school or university in this State, shall be a license to practise medicine within this State after the person to whom it is granted shall have complied with section fifteen of this Act.

SECTION 19. Be it further enacted, That nothing in this Act shall apply to commissioned medical officers of the United States army or navy, or of the United States marine hospital service, or to legally qualified dentists, in the practice of their profession, or to any woman practising only midwifery.

SECTION 20. Be it further enacted, That it shall be the duty of the Honorable Judges of the several Superior Courts of this State to give this law in special charge to the grand juries of their respective circuits.

SECTION 21. Be it further enacted, That all Acts, or parts of Acts, inconsistent with the provisions of this Act are hereby repealed.

The Bill on motion was referred to a special Committee of five, to report at half-past three o'clock, afternoon session.

Drs. W. H. Hall, T. H. Kenan, J. T. Johnson, K. P. Moore and James B. Baird, Committee.

Dr. R. T. Wethington, Thomasville, applied for membership.

Referred, under the rules, to the Board of Censors.

Digitized by Google

By Dr. W. H. Hall:

Resolved, That it is the sense of this Association that the State of Georgia should provide suitable and ample accommodations for the insane within the State; and that an appropriation, sufficient to warrant the employment of necessary moral treatment, in the Asylum already established at Midway, should be made.

Resolved, That a committee of three be appointed to memorialize the General Assembly, in conformity with the provisions of the above resolution.

Adopted.

Drs. W. H. Hall, James B. Baird and B. R. Dostor, Committee.

The Board of Censors reported favorably upon the application for membership of Dr. R. T. Wethington.

Adopted.

Dr. Jno. Thad. Johnson offered the following amendment to the Constitution of the Association:

Any amendment that may be offered to the Constitution, shall lie over until the next annual meeting; and for its adoption at said meeting, shall require a two-thirds vote of all present and voting.

Adopted.

Dr. W. F. Westmoreland announced two voluntary communications, entitled: "Nævus, and Report of Cases;" "Hemorrhoidal Tumors, with the Different Plans of Treatment."

They were made the special order for half-past four o'clock, afternoon session.

On motion, the Association adjourned until three o'clock.

Digitized by Google

SECOND DAY—AFTERNOON SESSION.

The Association was called to order at three o'clock by the President.

The following report was read, and on motion adopted:

To the President and Members of the Medical Association of Georgia:

GENTLEMEN,—The undersigned Committee to examine and report upon the President's Address, respectfully offer the following report:—

We recommend the appointment of a Committee of —— members, to be known as the Committee on Prize Essays. That the suggestions of President LeHardy upon this matter be adopted with the following changes:—

First Prize	50	dollars.
Second do	25	"
Third do	25	"

In case the amount collected warrants it, the President to be empowered to increase the amount of each prize pro-rata.

Second—We believe it to be the duty of this Association to urge each physician in the State of Georgia to instruct the people upon sanitation, and recommend the passage by this Association of resolutions calling upon the members of our profession in all parts of the State to do all in their power to advance this great cause.

Third—Upon the other matters suggested by President LeHardy, we recommend that they be laid over until the next annual meeting in order that full consideration may be given to them.

Respectfully submitted, in behalf of the Committee.

EUGENE FOSTER, *Chairman.*

On motion of Dr. Eugene Foster, it was determined to make the Committee on Prize Essays to consist of five members, to be appointed by the Chair.

Committee: Drs. Eugene Foster, Robert Battey, W. A. Love, H. F. Campbell, R. J. Nunn.

Dr. M. R. Mallette, Boston, Thomas County, applied for membership.

Digitized by Google

Referred, under the rules, to the Board of Censors.

The special order being the consideration of the proposed amendment of the By-laws, recommended by the Committee on Nominations, as amended by Dr. J. R. Duggan, the question was laid before the body.

Dr. Jno. Thad. Johnson moved that the proposed amendment be laid on the table until the next annual meeting.

Lost.

A motion to adopt the proposed amendment was then put and lost, by the failure to receive two-thirds of all the votes cast, or the affirmative votes of two-thirds of all the members present.

The next special order was the report of the Committee appointed to consider the "Medical Bill."

The Committee reported as follows:

Your Committee, after a careful scrutiny and analysis of the accompanying bill, heartily indorse its provisions, with the amendments suggested thereto, and respectfully recommend the adoption of the following resolutions:

Resolved, That the Medical Association of Georgia emphatically indorse the above bill, and earnestly request for it the support of the medical profession, and the influence of every physician within this State, to secure its enactment.

Resolved, That a committee of seven members of this Association, five of whom shall reside in Atlanta, be appointed to superintend its passage through both houses of the General Assembly.

(Signed) W. H. Hall,
Thos. H. Kenan,
John Thad. Johnson,
K. P. Moore,
Jas. B. Baird,
Committee.

Dr. R. J. Nunn moved the postponement of the consideration of this bill until the next Session of the Associa-

Digitized by Google

tion, and that fifteen hundred copies be printed and distributed to the physicians of the State.

After a free discussion of the report and the provisions of the bill, Dr. Nunn withdrew his motion, which was immediately renewed by Dr. Eugene Foster, who subsequently withdrew his objection, and the report of the Committee was adopted.

Drs. H. V. M. Miller, J. P. Logan, Jno. Thad. Johnson, E. L. Connally, Jas B. Baird, W. H. Hall and Robert Battey, Committee.

The following list of delegates to the American Medical Association, at its approaching meeting in Richmond, was then announced by the Chair:

Drs. T. S. Powell, A. G. Whitehead, W. P. Nicolson, V. H. Taliaferro, H. F. Campbell, DeSaussure Ford, Eugene Foster, John S. Coleman, J. W. Bailey, W. F. Westmoreland, J. F. Alexander, R. J. Nunn, T. S. Hopkins, W. O'Daniel, Geo. F. Cooper, J. R. Duggan, W. F. Holt, Robert Battey, J. G. Hopkins, W. H. Elliott, J. B. S. Holmes, Charles H. Hall, W. B. Wells.

The President, Dr. J. C. LeHardy, was added to the delegation.

Dr. C. W. Hickman, of Augusta, sent to the meeting the title of the following voluntary communication: "Eye Surgery—Remarks on a few rare and interesting cases."

The Committee on Necrology made their report, which was adopted by a unanimous rising vote. [Appendix.]

It was ordered printed in the Transactions, and a copy sent to the families of each of the deceased members.

Dr. Jno. Thad. Johnson presented the following proposed amendment to the Constitution, and stated that he

Digitized by Google

might not call it up at the next meeting, but requested members to reflect upon the question in the event it should be raised:

Article xii. of the Constitution shall read:

The annual meeting shall take place on the third Wednesday in October, and at such place as shall be designated by a majority of the Association.

The Board of Censors reported favorably upon the application for membership of Dr. M. R. Mallette.

Adopted.

The following report was read and received:

THOMASVILLE, GA., April 21st, 1881.

The Board of Censors to whom was referred the charges by the Augusta Medical Society against Dr. V. G. Hitt, beg leave to report that as Dr. Hitt's name does not appear on the list of members of the Medical Association of Georgia, they can take no action in the matter.

Respectfully submitted.

T. S. HOPKINS,
Chairman Board of Censors.

[The omission, from the roll of members, of the name of Dr. V. G. Hitt, Augusta, Richmond County, was a clerical or typographical error. It should have appeared in its proper place.—Note by retiring Secretary.]

Dr. J. R. Duggan was appointed Orator for the Session of 1882.

Dr. W. F. Westmoreland read the papers reported by title and made the special order for half-past four o'clock.

A recess of thirty minutes was taken, to witness the drill of the students of the South Georgia Agricultural College.

At half-past five o'clock the Association was again called to order, with the President in the Chair.

Atlanta was selected as the next place of meeting.

Digitized by Google

By Dr. K. P. Moore:

Resolved, That the thanks of the Medical Association of Georgia are due, and are hereby tendered the Medical Fraternity, Druggists and Citizens of Thomasville, for numerous courtesies extended them, and for the sumptuous banquet given in honor of the Association, so greatly enjoyed by all.

Resolved, That the Association especially recognize the evidences of taste and high culture displayed by the ladies of Thomasville, in the decoration of the Hotel and City Hall in which the Association has met, and which gave such an expression of welcome and cheerfulness to the same; and that to them, especially, we tender our sincere thanks.

Resolved, That the thanks of the Association are expressed to the President of the Young Female College for the invitation to visit that institution, and to the President of the South Georgia Agricultural College for a similar courtesy, and that we compliment the students of that institution upon the evidences of such thorough training displayed by them in the drill, and express our enjoyment in witnessing the same.

Resolved, That a copy of these resolutions be given to the press of Thomasville for publication; and that they be published also in the Transactions of the Association.

Adopted.

On motion the Association then adjourned, to meet in Atlanta on the third Wednesday in April (19th), 1882.

A. SIBLEY CAMPBELL,

Secretary.

NOTE.—It is proper to state that the work of recording the Minutes was originally performed by the retiring Secretary, Dr. James B. Baird. At his suggestion, they bear the signature of his successor,—as they passed through the latter's hands previous to publication, and to avoid any confusion that might arise from the appearance in the volume of two names in connection with the office.—SEC.

Digitized by Google

APPENDIX.

Digitized by Google

Digitized by Google

PRESIDENT'S ADDRESS.

DELIVERED BEFORE THE MEDICAL ASSOCIATION OF GEORGIA.

By J. C. LeHARDY, M.D., Savannah.

Gentlemen of the Association:

I am happy to greet you again in this beautiful and growing city of the South-west! But a few years ago we received a most hearty welcome from its citizens, and partook of hospitalities the most bountiful, which have left in our hearts a lasting and pleasing impression of its fair ladies. With great pleasure we accept their renewed invitation as a mark of kindly feeling toward ourselves, personally; but we value it still more as a manifestation of that large patriotism which impels them to foster and encourage whatever promises to promote the prosperity of Georgia, a patriotism which might well be emulated by larger and more wealthy communities. We esteem it as an evidence that they fully recognize the necessity of developing all of our resources and latent energies, if we would keep our State abreast of her sisters in the march

Digitized by Google

of progress, and that we may expect their co-operation in any measure calculated to increase the efficiency and elevate the purposes of this Association.

Impressed with these feelings, and deeply sensible of the honor which you conferred upon me, when at your last session you selected me to fill your highest office, I shall endeavor to preside over your deliberations in a manner befitting the dignity and importance of your body.

In this address, which I have prepared in accordance with the provisions of our Constitution, I will propose for your consideration some measures which are, in my judgement, calculated to increase the usefulness of our organization, and to augment its legitimate influence in shaping the destines of the State.

Looking over the records of this Association, I find that the number of members admitted between 1849 and 1870 was 287; that in 1873 this number had reached 530. In 1878, when the roll was revised, the list of members stood 228. In 1879, 245, and in 1880, 216. The figures show that an interest was awakened in the profession between 1870 and 1873, which served to add to our roll almost as many members as had joined in the twenty-one years preceding. Notwithstanding the fact that the population of the State and the number of physicians have steadily increased, this interest has been suffered to flag, and our numbers have diminished. Let us then exert ourselves to discover means by which the profession at large may be aroused to co-operate with us; not for the benefit of *private interests*, which must necessarily be ephemeral, but for the advantage of the profession generally.

After a thorough examination of the subject, and an

Digitized by Google

extensive correspondence with prominent members of the profession in the State, I offer the three following plans:

First. The printing of five hundred additional copies of our Transactions, to be distributed among the younger fellow-practitioners in every county in the State. This can be done at very little extra cost to the Association, and will be productive of great good. There are now in Georgia upwards of fifteen hundred physicians, of whom 216 only are entitled to receive copies of these Transactions. Among the large remainder, many would be induced to join our ranks were they made aware of the work done by this Association, and of the benefits which they could derive from it.

Second. *The revival* of the Committee on Prize Essays, instituted in 1873—and the offering of *four prizes*—for essays upon Medical and Surgical subjects, open for competition to all the physicians of the State.

The first prize of *one hundred dollars* for the best essay upon Medicinal Plants, native or foreign, growing within the limits of the State; their use in practice, natural history, cultivation and preparation for use and for market.

The other three prizes of *fifty*, *thirty* and *twenty* dollars, or of *gold medals* of the same value, for the best essays upon any subject connected with Medical, Hygienic or Surgical Science, to be awarded to the authors of those essays proving most meritorious, provided they are deemed worthy of a prize by the committee.

I propose the one hundred dollar prize for the best essay upon medicinal plants, because it will thus be brought within the reach of the greatest number of our country practitioners, who possess a large amount of practical and

Digitized by Google

valuable information, upon the action of our indigenous plants in particular diseases; a knowledge which has remained buried from public view, because no way has ever been offered to make it available or profitable. The prospect of securing a large reward will, I doubt not, stimulate these doctors to action, and under the guiding hand of the committee, we may be able to bring to light many hidden treasures.

I propose it because it may be the means of creating a new industry among our people—the cultivation and gathering for market of medicinal plants, which will enable the poorest of them to make a comfortable living upon the piece of land which barely sustains them now. This industry is carried on successfully in other States, where the climate is less favorable than in ours.

You may find it desirable to set apart one of the other prizes for a *description* of the best *original* surgical instrument or appliance, should one be offered. This would not only stimulate the *inventive genius* of our doctors, but afford to the profession a protection which is now denied them by the ethics of the American Medical Association, which prohibits physicians from patenting their own inventions, and thus gives an opportunity to unprincipled hawks to make money and reputation by appropriating, as their own, the inventions of others. I recommend that you intrust your delegates in the American Medical Association to urge either the removal of the prohibition, or the establishment of a permanent bureau, where claims and specifications may be recorded, with the view of making them public, so that no one can obtain patents on them.

Digitized by Google

The Committee on Prize Essays should be directed to issue a circular, to be mailed to every physician in the State, explaining the object for which they have been appointed, and stating the points to be contained in the essays competing for the first prize, and the order in which the points shall be treated, so as to be easily understood by every one, and to systematize the work, thus reducing the labors of the committee. The circular should also contain directions as to the time at which essays are to be forwarded to the committee, and the means to be employed to identify the writers. The committee should make a report at each annual Session of the Association, stating the number and general character of essays offered, reading those to which prizes have been awarded; and these essays should be published in the Transactions. The committee may also recommend for publication such other essays as they may deem worthy, subject to the approval of the Committee on Publication.

Those members of the Association who have favored me with answers to letters, asking for their opinions upon this scheme of prize essays, have approved of it; the only obstacle suggested being the difficulty of raising money for the purpose. To remove this obstacle, I have corresponded with several Medical Societies in the State, and have succeeded in raising, from three of them, the sum of eighty-five dollars, and from a few individual members, enough to make altogether over one hundred dollars.

I hope that the members here present will subscribe the balance necessary to give the scheme a trial. I am confident that they have sufficient pride in their profession to wish to elevate it to a higher standard, and in the success

Digitized by Google

of this Association, to make some little personal sacrifice in an effort to give it that influence in the State which it ought to have.

Should the plan meet with success, some means of raising money for future years must be devised; and, if the burden is too onerous to be borne by the Association, I would suggest that a fund be raised, by private subscription, to be invested, and the proceeds used for prizes.

The third plan, which has been suggested to me by one of Georgia's most intelligent and far-seeing physicians, and which, if properly understood, must be appreciated, can be made available, not only as a means of raising money for prize essays, but also in elevating the professional standard; and will, if adopted, place this Association in the van of similar organizations in the United States.

This plan is to establish a scholarship and a fellowship of the Association, with a diploma for each.

A Board of Examiners should be selected from among the members, composed of two or more persons for each branch made the subject of examination; and should be in session during the meetings of the Association, before whom all applicants (who must be graduates of a regular medical college,) must appear for examination. A schedule of examination for each degree, should be decided upon by the Association, and strictly adhered to by the Board in the case of each applicant. The standard of requirements in this schedule should be higher than that of any medical college in the country; and the examination should be conducted in an impartial manner, and be so rigorous that no candidate will be able to receive the full

Digitized by Google

fellowship, unless he possess a superior order of merit. The recipient of a diploma will thus occupy a higher professional standing than could be given him by any single medical college. In establishing such a fellowship, it would be advisable for this Association to invite the Associations of other States to pursue a similar course, to interchange examiners with us (who shall sit upon the different boards, either in person or by proxy), and to secure such inter-state legislation as will allow the recipients of these diplomas to practise in all the States entering into this arrangement.

This would be a step towards the establishing of an international fellowship, under the auspices of the American Medical Association, which would remove the very disagreeable position, in which American physicians often find themselves placed, when visiting European countries.

If the fees attached to these diplomas be made commensurate with their intrinsic value, there will be a surplus left after paying all the expenses of the Examining Board, which can be used for prize essays or other purposes of the Association.

I will now direct your attention to the subject of Public Health, and of the bearing which it has upon the prosperity of the State and of this Association.

Our people have now awakened more fully than ever before to the necessity for an increase in their number, and the introduction of a new element into the population. They need, and must have, capital and labor to develop their mineral and agricultural resources, to utilize their vast *water power* for manufacturing purposes, to drain their swamps. The labor which they require is that of the

Digitized by Google

thrifty *Caucasian;* but no intelligent foreigner will come here as long as the reputation of the State for unhealthiness cannot be authentically refuted; neither will *capitalists* from abroad *invest* in our industries, until we can show that life is as safe here as elsewhere; and conviction can never be carried to their minds without the endorsement of a competent *State Board of Health.*

It cannot be denied that malarial diseases exist here, and prevail in some places to an alarming extent.

The marshes and swamps of the low country are the hot-beds of miasmata, which pervade and poison the atmosphere of more than two-thirds of the State. In the mountainous country, where nature has provided a most efficient system of drainage, and where the climate is all that can be desired, typhoid fevers and other diseases—the recognized products of *filth*—cause a mortality nearly equal to that of the highly miasmatic sections.

It is also undeniable that the people of the entire State are, as a mass, utterly *ignorant* in regard to the importance of hygienic measures. Now, the question comes: Whose duty is it to devise *means* for removing the causes of these avoidable diseases, to diminish the mortality, and to instruct the people?

The *prevention* of disease is now recognized to be a higher aim of medicine than the cure. To *our profession* the people look for instruction in all matters relating to health. *We alone* are possessed of the peculiar knowledge required in order to understand the causes of diseases, and to devise means for their removal. Our experience and observation have taught us that thorough drainage will remove the miasmatic poison, and that cleanliness will

Digitized by Google

destroy the cause of the most destructive class of diseases. It, therefore, becomes us to *instruct* the people in these two cardinal points of sanitation. Should this Association declare, by its unanimous voice, that it is the duty of every physician, as a citizen of this State, to be constant in his efforts to impress these simple facts upon the people, the matter of education will be quickly and easily performed. Were the masses fully awakened to the knowledge that their *health* and the *general prosperity* of the State would be greatly promoted by a proper attention to sanitary measures, the *Vox populi* would soon bring the Legislature to create a board of health capable of draining and purifying every nook and corner of the State. To compass such an end, is indeed an aim worthy of our highest ambition, and its attainment would reflect more honor upon our Association and upon our profession, than any other object we could pursue.

Germane to this subject, I would state that the American Public Health Association, and the National Board of Health, will hold their next meeting in Savannah. As the public hygiene of this entire country is within the purview of these two bodies, the profession will derive much benefit from attending these meetings, and taking part in the discussions. The sanitary interests of Georgia should be well represented in the American Public Health Association; and the unhealthy condition of Savannah, which has been made public through the instrumentality of the National Board of Health, should be brought up for discussion, with a view to ascertain the facts, and if found to be as reported, to discover means of removing the cause. As the prosperity of the entire State depends very much

Digitized by Google

upon the healthfulness and good reputation of its principal sea-port, thus it is the duty of every patriotic Georgian to guard the interests of the State, by setting this matter in its true light before the world, and by using such means as may be found necessary to supply any existing sanitary deficiency.

I should consider it a dereliction of duty, to neglect to mention the subject of *import duties* now levied upon *drugs* and *medicines* and *surgical instruments*, because it is of vast importance to the entire public, and demands a special share of the attention of every physician. Humanity demands that everything used in the treatment of *disease* should be obtainable *in its best quality, at as small a cost as possible.* But the policy of taxing such articles, in order to protect a few manufacturers against foreign competition, has resulted in keeping up the price of the best foreign instruments, and those made at home, at such an exorbitant figure, that the great majority of physicians are not able to procure them. Thus it is that many surgical and gynecological operations, quite simple if performed at once, are put off on account of the heavy expense which patients would have to incur in travelling to remote places in search of operators, who, as specialists, have been obliged to provide themselves with proper instruments, regardless of cost; and diseases, originally simple in their nature, become complicated or incurable from long delay in their treatment. Many foreign medicines and preparations, which could be used to great advantage in this country, are also kept out of the reach of our physicians by the same cause.

I will not *urge* the Association to take any action in

Digitized by Google

this connection, but I think it would be well if we did; for it certainly is the duty of every physician, not only in this, but in every other State in the Union, to agitate the question among the people until Congress removes the odious and oppressive impost.

It is natural and right that our labors should be given to the claims of the *Present*, while those of the *Future* should never be obscured from view; yet, it is not unfitting that the *Past* be remembered also! For a short moment let our thoughts be given to the memories of our brother physicians who have been fellow-laborers, and whose earthly work has ended since the last Session of this Association. As we recall the faces and forms that a year ago were interested and vigorous, even as we, but which are now laid away in our mother earth, let us pause long enough, that they may remind us to "*Work while it is called to-day*"—for, especially to our profession, "time is short"!

Long life is seldom allotted to the active practitioner; and those who gather riches are "few and far between". Perhaps the unremitting appeals to a man's better nature, and his sense of "going about doing good", are more than a counterbalance to these discouraging facts. However that may be, the records of the past leave no room to doubt that younger men *will soon* gather here in our places, to be *guided*, or perhaps *misguided*, by our records. May not such reflections touch a chord in our breasts that will ever vibrate to an appeal from wife or child of a deceased physician! Should not even his grave have a claim upon us, to see that it be not left neglected!

Digitized by Google

Digitized by Google

REPORTS OF SECTIONS

AND

VOLUNTARY COMMUNICATIONS.

Digitized by Google

Digitized by Google

FEMALE DISEASES, THE RESULT OF ERRORS IN HABIT AND HYGIENE DURING CHILDHOOD AND PUBERTY—WITH REMARKS ON THE TREATMENT OF RACHIALGIA WITH IGNI-PUNCTURE (PAQUELIN'S CAUTERY).

REPORT OF THE SECTION ON GYNÆCOLOGY, FOR THE FIRST CONGRESSIONAL DISTRICT.

By R. J. NUNN, M.D., Savannah.

The already great, and still constantly increasing number of disorders peculiar to the adult female, which present themselves for treatment, is a subject well worthy of the most earnest and anxious consideration.

It were useless to waste words or time to demonstrate its importance to the individual and to the community. This has been already recognized. It will not be a question whether this multiplication is only apparent—as the result of increasing accuracy of diagnosis—or real, and the outcome of the unhealthy condition of life by which the modern female is surrounded.

It is not intended to inquire whether or not this condition exists in like proportion among women of other countries;

Digitized by Google

whether or not it prevails to a similar extent in other sections of our own State or of the United States; but, to speak of it only as occurring in Savannah, and even then, limiting myself to my own immediate sphere of observation. I have thus circumscribed myself because I am convinced that each observer should speak for himself independently, and that the observations of one practitioner may be quite inapplicable to the "clientele" of another; therefore, I would not be understood as going outside my own practice in any of the general assertions which may hereafter be made, nor as gainsaying in the least the results arrived at by other observers in the same field, no matter how widely they may differ from my own.

It is well known that the uterus can have a wide range of displacement without coming within the limits of abnormality; and even when its position is known to be very abnormal, it by no means follows that the constitutional effects resulting from such deviation will be at all serious; while, on the other hand, very slight malpositions will often give rise to very serious general results.

The assertion which has been made that nearly all women would be found with some abnormal uterine deviation, is, and must remain, an undemonstrated theory and nothing more. It is based upon the fact just alluded to, that serious uterine deviations are often unattended by corresponding constitutional derangements.

Surgeon J. J. Milhau, U.S.A., testifies that Indian women suffer from "prolapsus, versions and flexions of the uterus," but they seem to be exempt from the disabilities which so frequently accompany these diseases in civilized life.

Digitized by Google

It seems, then, as if the nervous impressibility among women is increasing, and that additional detrimental causes, whether mechanical, physiological, psychological or sanitary, more seriously affect the system, either producing such grave uterine disturbances as are certain to make themselves felt severely, or else rendering the nervous system so sensitive that it loudly responds to the irritation of very slight uterine derangements. One or both of these conditions may obtain in every case, and as it would be impossible to separate them, the apparent causes will be discussed without any reference to their classification.

Two sets of antecedents are at work to produce these disorders, viz.: those which lower the vital energy and deprave the muscular tone, and those which tend to force the uterus into an abnormal position; probably, to attain the evil consequence of which I am now treating, both of these are essential; for while the strength and vigor of the uterine support are preserved, and the organ itself remains healthy, it is exceedingly unlikely that any ordinary force would cause a displacement, or if displaced in any reasonable degree, it would most probably return to its normal position.

That uterine derangements of one kind or another should be found among parous women, might not be a matter of astonishment; but it has caused me much surprise to see of late, a great increase in the number of young girls and unmarried females of maturer years, in whom uterine disorders of various kinds are to be found. Of course, among them, displacements are the most numerous.

Digitized by Google

The cases come from all classes of society, and are, almost without exception, " to the manner born ".

It seems also that the number of nulliparous married women is augmenting; among them, of course, we expect to find some derangement of the genital system.

Finally, cases of subinvolution and its attendant evils are much more numerous than formerly,—not only that, but they seem also to be much more troublesome and cry more loudly for relief.

The facts as here stated are, of course, incapable of demonstration, except by a series of wearisome and useless statistics; and, therefore, I will assume the truth of the propositions, and proceed to the discussion of the causes tending to procure these conditions.

When I propose to speak of the causes which have these conditions as their results, I, by no means, expect to cover the whole ground, which is so intimately interwoven with every circumstance of life, that volumes would be required to trace the direct or indirect influence which every mistake, physiological and psychological, may have upon the disorders under consideration. They are all concerned in functional derangements, and in alterations of the structural conditions; and whatever determines one or other of these changes, is of necessity a predisposing cause of uterine disease.

It may be said with truth that each subject hereinafter mentioned has been already treated of more elaborately and more eloquently by widely known authors upon this specialty; but it is well for the profession and for the community that each should endeavor to record the result of his own independent observation, that we should localize,

Digitized by Google

as much as possible, the great generalizations of science, and critically examine the results of medical and sanitary delinquencies in the communities which surround us and in the individuals who come under our observations.

ERRORS IN HABIT AND HYGIENE.

Many of the evils spoken of may be ascribed to *the enervating effects of the climate in this locality*, which probably causes that softening of tissue first spoken of by Dr. Graily Hewitt, that want of general muscular tone, which likewise affecting the organs under consideration, makes them an easy prey tot he various accidents which determine these diseased conditions.

Luxurious and sedentary habits certainly should come in for a full share of blame; and it may be a question well worthy of discussion, whether the unnatural circumstances in which women are placed, by what we are pleased to call civilization, are not inevitably bringing the penalty of the persistent and hereditary violation of the command "In the sweat of thy face shalt thou eat bread", by giving to us a succession of weak, nervous, sickly women, whose debilitated constitutions, if they do not affect their male progeny, who are raised in a different atmosphere, can well be transmitted to their daughters, who are brought up amid surroundings similar to those which, in all probability, determined a condition of disease in their female ancestors.

Life is action, inactivity is death; under-work is equally as injurious as over-work; moderation is the golden rule, moderate exercise is a necessity when the body is in health; under such circumstances, rest is a positive disease. The tissues undergo fatty degeneration, are impaired in func-

Digitized by Google

tion, and relaxed in strength. Reasonable work is as essential to the health of the human female as it is to any other animal.

"Clinical observation has led to the opinion that undue softness of the uterus is mainly due to malnutrition of the organ. The softness may be due either to feebleness and imperfect delevopment of the muscular elements in the uterus, or to a deranged nervous action, or to deficient circulatory power and lessened blood-supply, or it may be due to all these causes combined" (*Graily Hewitt*).

If a certain amount of exercise is necessary to preserve the muscles in a healthy condition, it follows that the habitual use of such appliances as diminish or totally do away with such exercise must of necessity be a source of injury, first, to the muscles involved, and, secondly, to the general system, in a greater or less degree, in proportion as nerves of greater or less importance are implicated.

When so important a part as the spinal column is deranged, the consequences of the changes referred to can scarcely be foreseen; but it is quite certain that organs so intimately connected with it as the uterus and its appendages, must be among the first to respond to the effects of tissue alterations about the nervous centres. The constant use of *rocking-chairs and stiff corsets* cannot fail, first, to gradually destroy the power of self-support in the spine, and, secondly, to change and destroy its natural curves, alter the normal condition of the nerve roots, and deprave the nervous action, where it should be brought into healthy play.

Indirectly, *the want of moderate exercise*, such as walking or riding, is a most potent cause of disease; secretions,

Digitized by Google

which under natural circumstances would be expelled from the body, lacking the impetus of exercise, remain there pent up, to ferment, putrefy and become irritants to the enclosing organs, with the result of getting up local inflammations and congestions, which, again, are among the first steps to permanent disease. Nor is this unfortunate condition of things at all mitigated by the extraordinary prudery, which forbids the mother to instruct her daughters in the use and necessity of the syringe, until irreparable mischief has been done.

The most injurious of all the results of our artificial condition of life, is the furor for *over-education* which has seized the popular mind, and the injudicious use of those intellectual hot-houses, called schools, which force up the brain into precarious development at the expense of nervous strength and constitutional vigor.

While we admire the varied acquirements and pleasing accomplishments of brilliant women, we forget that the force for all this brain work is withdrawn from the growing body, and reacts most upon the organs which govern the whole female economy. It is at the very time of life when these exacting duties are imposed upon these children, that most nervous energy is required to supply the demands for physical and sexual development, then rapidly progressing; and the results of this strain will fall chiefly upon those organs, which at that time are the most active, and these are the reproductive. Not only are these viscera deprived of the special nervous force they require, but they partake of the feeble muscular tone which pervades the whole system, as the natural result of the diversion of so much nervous energy into unnatural brain work.

Digitized by Google

Many of the diseases of the adult female originate, doubtless, in the school room; and we, as physicians, are derelict in the duty we owe to society if we permit women to unfit themselves for the duties of their sex without pointing out the errors they are committing, in language forcible and clear enough to be understood by all.

The question of *school crowding and vitiated air* as a primal cause of enervation and tissue softening in the child, which might ultimately crop out as a uterine affection in the developed female, is purposely omitted, because it is quite certain that in this district neither of these causes obtain, as will be seen by reference to the report of the Commissioners of Education.

Late hours and crowded assemblies, dancing in heated and ill-ventilated rooms, fashionable debauchery and riotous living generally,—these, and other transgressions of the same class, are too well known, and too generally recognized as causative of very grave results, to require a lengthy notice.

Sudden exposures to extreme changes of temperature, and other thoughtless acts of the same class, generally shew their immediate effects in acute attacks of disease; but these may result in chronic affections, which will or can produce the pathological changes referred to.

ERRORS IN DRESS.

The prevailing fashion of *suspending skirts from the waist*, is, beyond question, an important factor in the production of diseases of this class.

Examine the condition of things: A string is tied round and constricting the waist. This, alone, has a tendency to divide the contents of the trunk into two parts, one of

Digitized by Google

which is forced upward and the other downward. In other words, the uterus is forced out of position by an amount of pressure proportionate to the compression made upon the waist. A parallel and an illustrative condition is found, when external pressure is made to assist in delivery, as by the hand of an attendant; by the use of the elastic or non-elastic bandage; or even by bringing into play the action of the voluntary muscles of the abdomen, by the exercise of the will of the parturient woman. To the string round the waist are suspended skirts, weighing, say, from five to fifteen pounds. Placing the figure at the lowest given, five pounds (which is a very low estimate), it comes to be a question of importance to consider the force of the shock given to the contents of the abdomen by each step. Let this be determined by a simple experiment, as follows:

Take a common scale and let a five pound weight drop into one pan from a given height, placing weights in the opposite pan until it is not disturbed by the descending weight on the other side. Assume the height of a stair step to be four and a-half inches, and let this be the height through which the five pound weight is allowed to fall. It will now be found that twenty-five pounds will be required in the opposite pan to resist the impact of the falling weight.

This, then, is the shock sustained by the abdomen at each descending step of this height. This is the force which the uterus and other abdominal organs have to resist in their efforts to retain their normal position. Remember, now, that such concussions as are here described are repeated one thousand to ten thousand times daily.

Digitized by Google

Think of the thousands and thousands of such shocks sustained by a woman while dancing, even at a single ball. Take this cause alone, estimate the mechanical force brought to bear, the tons of extraneous and unnatural pressure sustained by the abdominal organs,—and, then, think you that you will be prepared to join the crowd who hold up their hands in astonishment at the headaches, the backaches, the disordered bowels, the dyspepsias, the urinary disorders, the uterine displacements, the vaginal discharges, the menstrual irregularities, the thousand and one indescribable pains, called by Engelmann *hystero-neuroses*, the frequent sterilities, the difficult labors, and the number of invalid women? Will you, let me ask you, be astonished at all this? No! After considering and estimating this and other provocative causes, the results of despotic fashion, of sharp competition in the race for a livelihood, or of vicious and unnatural habits, falsely called civilization, the wonder will rather be, that one healthy woman can occasionally be found, and our admiration cannot but be increased for the extraordinary adaptability and compensative power of nature.

While it is, of course, unquestionable that the direct effect of this condition is the mechanical displacement of the abdominal organs, the results indirectly accruing to them are also of a very serious character. The shocks are primarily upon the points of most resistance, the iliac bones and the spine. Without stopping to discuss whether or not the impacts upon the ilia are conducted to the spine with sufficient force to be injurious, although investigations almost warrant me in saying that they are, let me state positively, as the result of careful and oft-repeated experiment,

Digitized by Google

that the spine suffers severely under these circumstances. Now, the conclusion is inevitable that the irritation of the nerve roots in the spinal region does interfere with the nutrition and other functional processes going on in the abdominal viscera, and a condition of disease must be the inevitable result. For this evil the remedy is, fortunately, simple enough. Let all weights be suspended from the shoulders and relieve the abdominal organs from the eternal merciless hammering to which they are now subjected.

The shoulders, with their rigid, bony structure and powerful muscular suspension, transfer the weight to the spine, which—elastic, by reason of its curvature and its anatomical construction—cushions and breaks any reasonable shock that may be received, and so effectually distributes the load, that enormous weights may be carried for a long time without injury. Let also the clothing be made to conform to the natural shape of the body rather than squeeze the figure into the form given to the garments.

Frequently and eloquently as this story has been told, it will bear repeating over and over again, until every woman in the country has heard of it, recognized its importance and truth, and put the precepts into practice.

Simple, however, though this remedy may be, its adoption must depend upon the autocratic dictum of fashion. The members of the medical profession can do much to infuse a little common sense into the system of female dressing; and it is for the purpose of enlisting the active co-operation of the members of the Medical Association of Georgia in this field, that these remarks have been made, and not, by any means, to put forward any claim to

Digitized by Google

extraordinary novelty in the views or suggestions herein expressed.

Germane to this branch of the subject is the vicious habit of *sleeping with the bands of the skirts or of the drawers still tightly encircling the waist*—a practice which although not universal, is still very far from uncommon. The conditions under these circumstances are probably as productive of evil consequences as in the former. It is true that the downward pressure due to the force of gravity is relieved, but the gravitation of the viscera away from the pelvis is prevented by the constriction at the waist, and the irritating effects of the constricting cord is increased in proportion to the pressure exerted upon it by the abdominal organs.

These facts can be easily verified by any observer who pleases to direct attention to this subject. I have found that the waist is one or two inches larger when recumbent than in the same patient when erect. As a rule, then, everything should be loose round the waist when lying down.

THE NEED OF REST.

To the production of congestions of the pelvic organs, one of the most powerful causatives is *constant standing*. Its effects are in this respect entirely different from walking. One of the most common results of long continued standing, is hemorrhoids. They occur in both sexes, and the same causes which produce congestion of the hemorrhoidal vessels will also produce congestions of the other pelvic viscera.

The increasing number of women who find employment as clerks in stores, where they are compelled to stand daily

Digitized by Google

for many hours at a time, gives to this subject a bearing of great interest to the gynecologist.

While it cannot be denied that there are thousands of women living lives of inertia and idleness; while it is probable that the number of these is greater than the men who follow the same course; still, it must be admitted that when women do work, their hours of labor are longer than are those of the other sex.

In her house she is first up in the morning, and last to bed at night. If she is the wife of a workman, she must provide his breakfast before he goes out, and his supper after he comes home; and the care of her children, in all probability, precedes the one and succeeds the other. If she has employment which occupies her day, she is always compelled to eke out the pittance of a salary she receives for her services, by doing some sort of work in her spare hours which she would otherwise be compelled to pay for having done.

It is seldom that a woman's work under any circumstances is less than fourteen or sixteen hours daily, while the hardier sex grumble at ten, and get Acts of Congress passed, or go on strikes, to get their hours of daily labor reduced to eight.

Think of them compelled to stand behind the counter for from twelve to sixteen hours daily: true, they are told they may sit down when there is nothing to do; but often seats are not provided for them, and in stores where there are seats, they are only for show; for if seen sitting down, work is soon found for them, or they are discharged, because if there is nothing to do, the employer has no further use for them (these are their own words).

Digitized by Google

I have seen these wretched creatures weak, sick, exhausted, scarcely able to stand, yet compelled to endure this for bread. The fabled whip of the slave-driver was a heaven, and the much-belied condition of the negro slave was a paradise, when compared to this peonage, this do or starve alternative. Yet, these employers would withal be thought humane men; perhaps pious, and would shudder at the idea of putting a muzzle on a dog, or a check-rein on a horse, but would not at all object to half a dozen human beings a week dying of hydrophobia (as was the case in London), provided their mad, mangy pets could have the privilege of biting them.

We sadly need a society for the prevention of cruelty to shop-girls, sales-women or sales-ladies, by whichever name they may be called, and to the overworked classes of women generally. To be sure, they are only human beings, and should take care of themselves; but, be it remembered, that they must work or starve. Think of these women being kept in stores from seven or eight o'clock a.m., until eleven p.m., or sometimes until midnight, with one hour to walk, perhaps a mile or two, to dinner.

Let us, then, impress upon our patients and friends the great physical injury that is thus being done; let us urge them to withdraw their patronage from stores where this wickedness is being enacted. Surely, women cannot be so deaf to the cries of their own sex, as not to raise a helping hand in their behalf.

We have lots of societies formed for the propagation of some chimerical idea of moralty, temperance or some holiday observance—to pamper tabbies, supply tooth-

Digitized by Google

picks to savages, or missionary dinners to the cannibals. Many like these we have, and others equally absurd; but when it comes to real practical good to our fellow-creatures immediately around us, how little, how very little, is done!

The poor, whom we "have always with us," we will not see; but neglecting these at home, spend our sympathies and charities upon more distant, and, most frequently, undeserving objects.

Certainly, these unfortunate "white slaves" had far better be

> "Where woman has never a soul to save,
> If this be Christian work."

From much that has already been said, it may well be supposed that the *constant going up and down stairs*, such as is now incident to the every-day life of our city women, is to be regarded as a practice to be severely condemned, and a remedy for the evil vigorously sought after. In crowded cities, this can only be found by introducing elevators, and adopting the continental system of living on flats, now becoming fashionable at the North, and which, it is to be hoped for the benefit of the dwellers in cities, will soon be introduced into the South. It should be the work of the medical profession to advance this needed reform. In the meantime, let it be impressed upon women that four times as much nerve-force is used in going up stairs as in walking on a level, the speed being the same in both instances; and then if, as is usually done, the ascent is made at a run, the force required is multiplied four or more times. Hence, if they would avoid the palpitations, short breathing and exhaustion, they now experience, let them go up stairs with one-fourth the velocity of an ordinary walk.

Digitized by Google

The *excessive use of the skipping-rope* comes under this class of transgressions, the constant jumping being analogous in its effects to going up and down stairs, and to long continued standing. The combined effects upon women of the tight waist-belt, the suspended weight and the constant jar, can be better estimated by observing the effects produced upon men similarly circumstanced. The cavalry soldier is notoriously the subject of hernia occasioned by repeated shocks overcoming the resistance of the abdominal walls and producing rupture. Sailors were formerly said to be very frequently so affected. They wear the waist-belt, and the combined effects of this and their unusual efforts in pulling at ropes, produce the same result.

In the weakened and debilitated condition of the system brought about by one or more of the unhealthy conditions spoken of in this paper, a shock of any kind, either mechanical or nervous, may determine a uterine disease. A sudden jar may do it, a slight fall or a jump, or, again, a sudden fright, the reception of unexpected news, in fact, anything which, on the one hand, would mechanically disarrange the organs, or, acting upon the spinal column, would so disorder the nervous system, as to produce congestion of the viscera, in which the uterus and its appendages, from their very nature, would largely share. It is in this latter way that nervous shocks seem to act, the blood leaving the periphery and being thrown largely upon the internal organs.

The baneful effects of *sewing machines* with pedal attachments has so often been made the theme of writers upon the subject of diseases of women, that a bare allusion

Digitized by Google

to it is only required, as one of the possible, if not probable, causes of this class of complaints.

Almost every physician has heard from women suffering from uterine displacements the complaint that upon *lifting some heavy weight* something seemed "to snap" or "to give way" in their backs, and from this circumstance each dates her trouble. Of course, such extraordinary exertion should if possible be avoided. The exertions of washwomen appear to make them particularly liable to these maladies, nor is this at all remarkable when we remember that a fit of coughing has been known to produce the same result. I have often during a specular examination had a cylindrical speculum forcibly expelled by a fit of coughing.

Dr. Wing, of Boston, Mass., has drawn attention to the importance of the *abdominal method of breathing* in singing, as a cause of uterine displacement. This is an interesting field of investigation for observers having the proper facilities, as for example, physicians to opera houses, an appointment sometimes made on the continent of Europe; but it is of little importance as a factor in the causes of these diseases, so far at least as concerns my own field of observation.

In this place, as illustrative of the effect of shock upon the female generative organs, I would mention that I have frequently had patients to report pessaries expelled with great force as the result of the shock of what was apparently a very slight fall or even tripping; and even in nulliparous women, I have known tightly fitting cotton tampons to be expelled by the forces brought into play under these circumstances.

Digitized by Google

EXPOSURE.

No doubt the germ of many abdominal disorders, including in the number these now under consideration, is laid by the exposure of the lower extremities to great variations of temperature. This might not be the case in a state of nature, but in the comparatively delicate individuals such as come under our notice, it certainly is.

Here several causes are at work; the depressing influence of the cold feet, the nervous irritation of pain, and the direct effects of the current of cold venous blood constantly thrown into the abdomen, lowering vitality, and checking the vital processes there going on. Yet here again, in your efforts to mitigate this evil, you will be met at the very outset by blind ignorance, or a slavish obedience to a senseless fashion, which insists that children shall be exposed to the changes of temperature incident to our winter climate, half-naked as regards their lower extremities. If one-half the bundling packed upon the chest and arms could be, or would be, transferred to the feet, legs and abdomen, the result would unquestionably benefit the rising generation of women; but, unfortunately, mothers will not see their mistakes, their children must be dressed like other people's. In vain is an appeal made to their common sense, by asking them to imagine themselves similarly exposed. They simply "smile and smile," and murder while they smile.

Nor are the mistakes commenced in childhood discontinued in adult years, when the thin absorbent boot and a mere film of a stocking constitute the sole, senseless apology for the protection which proper clothing should give.

Digitized by Google

The effect of tight shoes as a provocative of uterine disorders, might be worthy of a careful investigation. High heels have already come in for their share of anathemas, but the tight, ill-fitting shoe has been allowed still to do its work unobserved. Certainly, the constant torture consequent upon the wearing of tight shoes cannot but produce some important changes in the nervous system, which will probably be increased by want of that proper, natural and healthy exercise from which the victim is debarred; and they are still further aggravated by the obstruction to the natural circulation, which must of necessity follow the compression alluded to. Except as touching the obstruction to the circulation, these remarks apply with equal force to misshapen, ill-fitting shoes. There is, however, a hope that the form of shoes made upon anatomical principles, and known as the Wakenphast, may become fashionable, and this evil be thus to a certain extent remedied.

During menstruation the uterus is engorged, increased in weight, and has therefore an increased tendency to displacement. There is also at this time an increased draft upon the nervous power of the female. It is important, then, that women of delicate frame and constitution should be more careful at these periods than at other times; that they should take, if possible, more rest, and avoid as much as possible any unusual or extraordinary exertion. I have a patient, unmarried, in whom going up stairs rapidly during this period, or indeed any unaccustomed exercise, is sure to be followed by flooding.

So much has already been written upon constipation, as a cause of uterine displacements, that further remarks

Digitized by Google

would be superfluous. But it is worth while to ask the pertinent question, Is constipation so often the cause of these displacements as it is the consequence of them, or, of the same causes of which they themselves are the result? Co-existent they are, to be sure; but, beyond this, nothing can be clinically demonstrated up to the present time; indeed, not a few cases have come under my observation, as well as under that of others, in which diarrhœa or tenesmus was a prominent symptom of the intestinal irritation resulting from uterine displacements.

The results of the mechanical obstruction to the circulation of the parts by the accumulation of feces in the rectum and of urine in the bladder, has been frequently alluded to by gynecological writers.

INFLUENCE OF DIET.

To what extent is the tendency to uterine disorders influenced by diet? This is a theme vast enough to occupy the profession for many years to come. Almost every writer upon this specialty has a word to say touching this point. Inquirers in this regard might, with advantage, consult the works of Salisbury and Cutter, where cases are related showing the curative effects of diet in certain of these affections. If curative, why should not a like regimen be also preventive? The answer to this question can only be given after years of careful investigation upon thousands of cases. The field, however, is a fruitful one, and, moreover, the observations are such as require patience rather than any special dexterity. It is well known that struma or tubercle may result from errors of intestinal digestion, and it is quite certain that these

Digitized by Google

causes can, and do, very seriously affect the genital system.

The recent discoveries of the complicated character of the pancreatic fluid, with its four digestive principles, gives increased interest to this broad field of inquiry, while the application here of Virchow's view of the production of tubercle from a degraded quality of connective-tissue corpuscles, cannot fail to give important results.

"The rapid development of the genital organs, which occurs normally on the arrival of puberty, demands a free and full supply of nourishment. In some rare instances, as is well known, the uterus never does attain its full development, the retardation being due to other causes; but this class of cases differs from those now under consideration. Here we have the uterus fully developed and of the normal length, but its tissues are abnormally soft. From the circumstance that this is observed in association with great general weakness, the influence is obvious that the condition of the uterus is one of mal-nutrition. The clinical history of such cases and the results of treatment give the fullest confirmation of this view"—(*Graily Hewitt*).

One of the mistakes which seems to have taken a deep root with many people and to a great extent to exercise a large control over their dietary is, that a human being can thrive upon diet derived exclusively from either the animal or the vegetable kingdom. While there are individuals who may constitutionally lean towards one or the other division of the animal kingdom, toward the carnivorous or toward the graminivorous, it should be borne in mind that man as a class, occupies a position between

Digitized by Google

the two, partaking somewhat of the peculiarities of both; that being anatomically constructed to digest food derived from both kingdoms, it is fair to argue that such a mixed diet is essential to preserve the individual in the highest condition of health.

To me, there is neither sense nor reason in the idea of regarding the animal as a mere chemical laboratory, and ignoring altogether the existence of a great life principle, governing and controlling all the appetites and assimilative processes going on in the system.

It by no means follows that because an isomeric compound exists both in the animal and vegetable kingdom, that, therefore, the one can be substituted for the other in making up a dietary. On this principle, for example, some chemists assert that beans can be used as a substitute for meat. It by no means follows that vegetable oils could be substituted for animal fats as articles of diet. In organic compounds there seems to be differences, dependent upon the sources from which they may be derived, which have escaped the tests of the chemists. There are differences in the beef from different pastures. Certain vegetables grown in one locality are known to be superior to others. If such differences exist within each of these natural divisions, how much greater must be the distinction, when a compound, chemically isomeric, is found in both kingdoms. When the organic compounds are not identical in chemical composition, but only similar, the problem becomes still more complicated, and to reduce the argument to the limits of absurdity, it might almost as reasonably be expected to find the digestive system capable of originating organic compounds from the ele-

Digitized by Google

ments, carbon, hydrogen, nitrogen, etc., injected into it by the chemist.

Look at the difficulties encountered in finding a substitute for mother's milk; no matter how close the analysis of one may resemble the other, there are still physical qualities which cannot be imitated.

Practically, we know that starches from different sources differ in their effects upon the digestive organs.

The horses of the Paris Cab Company furnish a fine example of chemical feeding. Theoretically, they receive a full amount of nourishment, and they should be in fine condition; but, practically, the chemistry does not work right, and the animals are so thin and poor and weak that they can scarcely go out of a walk, and many of them are unable to go across the city, a distance of five miles.

The experiments of a great number of physiologists, American and foreign, demonstrate the inappropriateness of a single article of diet, and point conclusively to a mixed dietary as necessary to maintain in man the highest degree of health and the greatest ability for work, mental and physical.

Conceding the necessity of a mixed diet, the question of a just proportion between the animal and vegetable foods naturally arises.

To a paper by Dr. E. Cutter of Boston, I am indebted for the idea that Nature herself has indicated the proportion best suited, when she furnished the teeth for the mastication of the food. Out of thirty-two teeth, twelve are adapted to the mastication of vegetables, and twenty, of meat. This, then, is the proportion, twenty

Digitized by Google

parts of animal food to twelve of vegetable, a relation just about the opposite of the dietary usually adopted.*

In view of the great preponderance of starchy foods and sugars now generally used, it will be well to briefly pass in review some of the more prominent effects of these articles of diet upon the organs of digestion and assimilation when used in excess.

The first step in digestion is the change of starch into sugar: now, if from any cause, the process of digestion is arrested, fermentation takes place with the evolution of carbonic acid gas, which manifests its presence in various well-known ways. "We are indebted to Dr. Salisbury, of Cleveland, Ohio, for the suggestion that carbonic acid gas acts as a local anesthetic upon the villi and muscles of the intestines, paralyzing them and thus further arresting the progress of intestinal absorption."

Dr. Cutter, likewise, confirms this statement. Aside, then, from the fact that starch and sugar furnish only one-fifth of the number of elements required for the nourishment and building up of the body, it will be seen that the excessive use of these articles as food is not unattended with danger. It would be well to bear in mind the experiments of Magendie in which dogs lived about the same length of time under absolute starvation as on a diet of pure wheaten bread only, or of sugar, or of gum, or of oil alone.

Parker (quoted by Buck) kept a strong man upon fat and starch, and found full vigor preserved for five days; in a man in whom he reduced the amount of nitrogen one-

*Food—Open letter to J. Marion Sims, M.D.,LL.D., Reprint from Gaillard's Medical Journal, Feb., 1881.

Digitized by Google

half, full vigor was retained for seven days. If the abstention was prolonged, there was great loss of muscular strength, often mental debility, some feverish and dyspeptic symptoms; then followed anæmia and great prostration.

This picture of the symptoms of inanition is sufficiently characteristic to bring vividly before our minds the cases of many of our patients in whom we little suspect the state of starvation which in reality exists, and is the foundation of all their ailments.

In so far as it impairs nutrition and tends to a depravement of tissue, dyspepsia becomes no mean factor in uterine affections, even if the nervous derangements which accompany it were to be entirely ignored. General weakness must be set down as a predisposing cause of uterine distortion, whether that weakness proceed from a general feebleness consequent upon a long course of imperfect nutrition of the body, or be due to the effects of fevers or other prostrating disease.

Some of the most troublesome cases of uterine distortion have plainly their origin in this way. After some weeks or months of debilitating illness from scarlet fever, for instance, the patient begins to move about, and whether from feeble resistance of the uterine tissues themselves, or the weakened condition of the uterine attachments, one or both, mechanical mischief results and uterine distortion is originated—(*Graily Hewitt*).

ULTIMATE RESULTS.

Enough perhaps has been said as to the provocative causes of the conditions under consideration, and it may be well to glance at the manner in which these errors

Digitized by Google

react to bring about a condition of disease such as is here referred to.

I must confess that I am old-fashioned enough to believe that the healthy, muscular tone of the transverse muscular fibre of the vagina is one of the prime factors in the maintenance of the uterus in its normal condition: lessen the muscular tone, destroy the integrity of the muscular fibre, and one of the chief supports of the uterus being removed, as a consequence it easily yields to displacing forces, many of which have already been detailed. Once displaced, the well-known train of evils will, sooner or later, inevitably follow. But, if this want of tonicity extends, not only to the other uterine supports, but also to the whole muscular system, and is already of such long standing that the nervous system has also become affected, it does seem as if it would be a matter of impossibility for a woman so circumstanced to escape some type of uterine disease,—errors of form and of position naturally occupying the first place.

It is very important that uterine displacements should be treated early. Therefore, women themselves should be instructed to appreciate and to recognize the earlier symptoms resulting from these malpositions. They should be taught to recognize the importance of the reflex nervous phenomena resulting from uterine irritations, and to trace them to their source, just as they have already learnt to attribute many facial neuralgias to unsound teeth.

In the earlier stages there is no doubt that many of these conditions are curable, which, later on, prove very refractory to treatment. Many a woman insures to herself the life of an invalid by neglecting the earlier, lighter,

Digitized by Google

but equally as significant symptoms, which manifest themselves through a comparatively slight uterine disturbance.

"Undue softness of the uterus persisting only for a few weeks, may have no permanently injurious effects. But, continuing for some months or longer, it rarely fails to lead to some such alteration in the shape of the organ as to entail more or less permanent disability of various kinds. Locomotive power is apt to be most seriously interfered with"—(*Graily Hewitt*).

Let it not be supposed, however, that the cases which come within the scope of this report are found without some trouble. They, almost without exception, consult a physician for some affection apparently unconnected with any uterine disturbance. It is a headache, a backache, dyspepsia, a shortness of breath, some kidney affection, "something the matter with the water," etc., etc.; and the doctor is often misled by the youth of the patient, and unsuccessfully treats a symptom which promptly disappears, when the cause is once recognized and properly treated.

The examination of the bladder in the class of patients referred to, and indeed in all gynecological cases, is a matter of the gravest importance. As it is my rule to examine all such cases by the rectum, so also, it is my rule to ascertain the condition of the bladder in all these patients.

This habit has been the result of much self-mortification at finding that symptoms which had been attributed to uterine disorders, and for which there was apparently abundant cause, were in reality due to irritability of the neck of the bladder or some portion of the urethra.

Digitized by Google

Let me not be understood as speaking of irritation of the bladder, produced either by stretching, pressure or friction, occasioned by a displaced uterus, but of a urethral irritation existing, for which no adequate cause can be found. The symptoms accompanying this condition are sometimes so exactly like some of the many hysterical symptoms which accompany uterine irritation, that no points of distinction sufficiently definite have, so far, presented themselves to my observation; and hence my rule to examine the bladder with a sound in every case without exception.

Upon this point Prof. Munde, in his exhaustive work on "Minor Surgical Gynecology," page 58, says:

"When a patient complains of painful, too frequent, or too scanty micturition, or when the finger in the vagina detects an unusual sensitiveness of the urethral body or vesical base, it may be desirable to explore the urethra and bladder by means of instruments or the finger."

While assenting to this, it is my desire to go farther and say that the urethra and bladder should always be explored with instruments. When dexterously done no injury can possibly result, while some information might be gained of vast importance in the treatment of the case.

In no class of complaints is more patience required to effect a cure, both on the part of the invalid and of the physician. Begotten, it may be of hygienic errors dating back to the childhood of the patient, a long course of careful treatment, of careful sanitary regulation, will be required to eradicate the evil and restore the organs to their normal condition.

The task increases in difficulty as the age of the patient

Digitized by Google

advances; for while the resiliency of youth still predominates, nature is aiding us to effect a cure.

As an average, I might say that not less than from twelve to eighteen months' medical treatment and hygienic care will suffice to put the patient in good health; but, to preserve that health, the laws of sanitation must not be again transgressed.

It is otherwise with our older patients: as age increases, as time and habitude have served to confirm the organs in their abnormal conditions, so do the difficulties in the way of effecting a cure become immensely magnified. Relief we may obtain, and generally do, but a cure is rarely effected.

I have spoken already of the numerical superiority of displacements, and I wish here to recur to this; because, with comparatively few exceptions, I have found all suffering with prolapsus, more or less pronounced. In many of the more aggravated cases the uterus is pressed down upon the perineum, apparently with great force, until the organ is seemingly bent upon itself. So great does the pressure seem to me to be, that I have no doubt that if the perineum was ruptured by accident or design a case of external protrusion would quickly and surely follow. Now, suppose a case of this kind to become pregnant, and to be safely delivered, probably with a ruptured fourchette, possibly with a perineum lacerated to a greater or less extent, but certainly with an os laxum vaginæ, as the result. To this condition, add an increased softening of the tissues, with, in all probability, more or less subinvolution,—and you have all the conditions to insure a case of complete prolapsus. Think you that such a case as this would be

Digitized by Google

cured by operating for a ruptured perineum if such existed? By no means. The disease would be concealed but not eradicated.

One of the objects I have in view in referring specially to this matter is, to state my firm conviction that many of the cases of prolapsus in multipara found co-existent with a ruptured perineum, are not dependent upon or resultant from this accident, as is now generally taught, but are the outcome of pre-existing diseased conditions dating back anterior to pregnancy. Operations in such cases might gratify the "cacoethes operandi" (if I may be permitted the paraphrase) of some surgical gynecologist, more ardent than conservative, but would be of doubtful benefit to the patient.

It may seem strange, but I would mention that patients of my own, whose cases would well illustrate these remarks, have visited other cities, and been persuaded to submit to the operation for ruptured perineum, with what result you may very easily imagine.

Nothing brings more discredit upon the profession than the constant thoughtless performing of unnecessary, and, therefore, unsatisfactory, operations. In these, our days, the more modest, and to our patients, the more satisfactory results of medical treatment, are thrown in the shade by the brilliant flash of the surgeon's knife. Instead of exhausting every other means of making life tolerable, we have become too prone to look upon every uterus and perineum as something upon which to operate, and every woman as little more than a subject for vivisection.

In the general desire to *cut*, every others means of *cure* is neglected or altogether lost sight of; and we resort first

Digitized by Google

to surgery, instead of making it what it should be, a court of final appeal.

All that has been said touching the causes constitutionally predisposing to uterine disturbance in the unmarried female, applies of course with equal or greater force to parous women; but here comes in another condition to complicate the case, viz., subinvolution.

Some writers consider subinvolution as chronic metritis; and *vice-versa* these rare cases of chronic metritis, occasionally met with in women who have never been pregnant, are classed by them along with subinvolution. A discussion, however, of this classification has no place in this paper, the object of which is to point out the frequency of this affection in this locality, and to indicate its probable cause or causes, which I consider to be the same as those which lead in the unmarried female to the development of other uterine affections.

In addition to the local and constitutional conditions already enumerated, there are, of course, those peculiar to the early stage of puerperal convalescence,—such as "leaving bed at too early a date; too violent action of the abdominal muscles, brought about either by heavy work, or by physical exertions, such as severe cough, repeated vomiting, etc.; further, retained blood-coagula and fragments of secundines; grave puerperal diseases, with para- and peri-metritis; too early sexual intercourse; and other similar causes."

I am, however, fully persuaded that many of these causes would be inoperative, if the systemic tone had been maintained up to the standard of vigorous health during the pre-puerperal life of the patient.

Digitized by Google

"The causes of subinvolution of the uterus are general and local. The general causes are great debility, in consequence of which the nutritive changes, which should proceed rapidly in the uterus, are retarded or impeded. Weakly women are peculiarly prone to suffer from subinvolution. Any general or constitutional disease may give rise to it. The local causes are frequently mechanical in their action."

"In the list of local causes must be mentioned, previous distortion of the uterus; for a long standing distortion frequently recurs after pregnancy is over, and such recurrence may act very powerfully in retarding uterine involution"—(*Graily Hewitt*).

It may be that the number of individuals is increasing in whom laceration of the os is to be found. If such is the case, we cannot overlook the fact, but we must account for it.—An all-sufficient cause for many of the cases presents itself in the depravement of the muscular tissue, and a consequent loss of its tone and elasticity, following the causes before mentioned.

Are the reflex symptoms accompanying lacerated os becoming more serious than they formerly were? If so, we have the increased debility of the whole economy, including the nervous system, to account for it.

Many cases of ruptured perineum may indirectly owe their occurrence to these very causes; on the one hand, the part being wanting in its normal elasticity, and, on the other hand, an increased nervous excitability existing which tends to make it still more rigid.

It is by no means uncommon to find in young girls a bulging in of the anterior and posterior vaginal walls—

Digitized by Google

one or both; what would, with a ruptured fourchette or os laxum vaginæ, most certainly be a complete prolapse of the vagina. This is of course the result of tissue change, and its existence in the girl bodes no good to the parous woman.

The existence of an os laxum vaginæ has, as a symptom, a most important bearing,indicating a total want of tissue-tone and contractility with the evils thereupon attendant; if, co-existent with it, there is a loss of vaginal muscular tone, we might reasonably expect to find prolapse of the vaginal walls to a greater or less extent;—not that the os laxum causes the prolapse, but that it permits it. Again, with such a combination, we might anticipate a uterine distortion or a displacement, either or both—more especially, if there should be areolar hyperplasia of that organ.

While I know from personal observation that it is quite possible for the uterus to retain its normal position in presence of a ruptured perineum, provided the tone of the vaginal walls, of the intra-pelvic tissues and of the other uterine supports, remains healthy; while I can vouch for having seen, in more than one such case, decided tendency to an upward movement of a tampon placed within the vagina; I believe it to be more than probable that a displacement will be consequent upon a relaxation of the vaginal walls, whether the same be associated or not with a ruptured perineum or with an os laxum vaginæ.

It is possible that we may be consulted before the condition of displacement has become pronounced, because the relaxation of the vagina being first in order, will throw upon the other uterine supports such an increased strain

Digitized by Google

that the resulting pain in the back and other constitutional symptoms, may force the patient to seek relief in the earlier stage of the malposition. In any case, I would insist that a ruptured perineum is, as a symptom, not more grave in its effects upon the uterus and its appendages, than is an os laxum vaginæ.

Often, after the treatment of cases of this character, successful in all other respects, there still remains that most obstinate and unyielding back-ache—an opprobrium medicorum. For this there is, perhaps, no remedy so efficient as the igni-puncture. The employment of this remedy, first seen by me in the clinic of M. Cheron, has been rendered possible through the invention, by M. Paquelin, of the cautery which bears his name.

PAQUELIN'S CAUTERY.

It is unnecessary to describe this invention here, but a few points in the selection of an instrument, and some improvements introduced by myself, which facilitate the working of the apparatus, may be of advantage.

The French instrument is to be preferred, because the benzine reservoir is of glass, which permits the fluid to be observed; while in those of American make, which I have seen, it is of hard rubber.

The first improvement is lining the inside of the benzine bottle with fine sponge, in the centre of which is a hollow cylinder of fine wire gauze. In the American instrument, the benzine reservoir is lined with wool, which is not so absorbent as sponge. In charging this sponge-lined bottle, the fluid is poured in, in just sufficient quantity to saturate the sponge, without permitting any to run out when

Digitized by Google

the vessel is reversed. Should a little too much be poured in, it should be gently shaken out.

The advantage of this arrangement is, that the reservoir may be reversed without incurring the risk and danger of the fluid being driven into the heated point, and a consequent conflagration—an accident which has already occurred. And then, also, the glass bottle being employed, the operator will be able, after a little practice, to estimate by its appearance the degree of saturation of the sponge.

Secondly. The size of the hand-bulb has been doubled, with the effect of reducing the labor of working the instrument to a minimum, so that now the operator can easily manipulate it himself; whereas, with the old apparatus, an assistant was absolutely necessary, especially in long operations, so great was the fatigue.

Thirdly. A foot bellows has been adopted which gives the operator the use of both hands, while he, at the same time, can control the cautery.

Fourthly. A right-angled button-headed point has been added to the number already made, which is to be used in the same way as Corrigan's firing iron, and will be found a vast improvement upon that well-known and most useful instrument.

These improvements have been carried out for me by MM. Collin et Cie., the original makers of the cautery.

Digitized by Google

EXPLANATION OF PLATE (PAGE 87).

The engraving being made directly from a photograph of the apparatus itself, the proportions may be relied upon as being exact. Figs. 1, 2 and 3, show the relative size of the air-bulbs or bellows.

Fig. 1 is the size of bellows furnished by the maker; but its power is not sufficient to properly heat instruments of large surface, as for example the button-headed points.

Fig. 2 shows the size of the hand-bulb which I employ. The value of this slight change can only be estimated by those who will test the instrument practically.

Fig. 3 exhibits the proportionate size and form of the foot-bellows.

Fig. *a* is is the point used for igni-puncture.

Fig. *b* is the button- or mushroom-headed point used for igni-pressure.

Digitized by Google

Fig. 1.

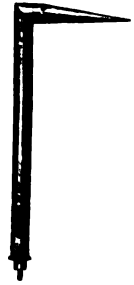


Fig. a.

Fig. 2.

Fig. b.

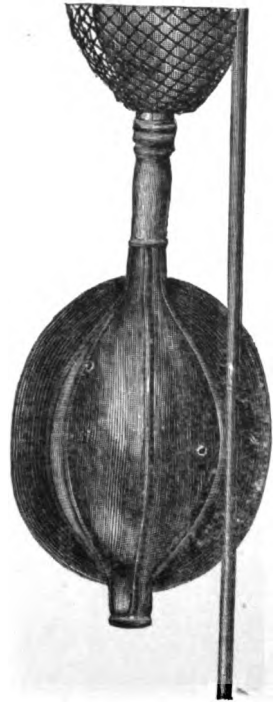


Fig. 3.

PAQUELIN'S CAUTERY, WITH IMPROVEMENTS BY DR. NUNN.

Digitized by Google

Digitized by Google

IGNI-PUNCTURE.

The igni-puncture is made by heating a sharp, right-angled point, and with it administering a number of strokes over the parts to be treated.

The intensity of this treatment may be varied in five ways:

1st. By the degree of heat.

2d. By the time the point is in contact with the skin.

3d. By the force of the blow.

4th. By the character of the blow, which may be direct or oblique.

5th. By using a sort of picking motion, which converts the puncture into a line.

All of these variations are under the absolute control of the operator—to be brought into play or stopped in an instant. The blows may easily be given at the rate of one hundred a minute, or more, and some may be so light as barely to discolor the skin; while, in others, the point may be driven to a depth of a quarter of an inch or more, so deep as to produce suppuration. Rarely has the number administered at one time exceeded five hundred to the spinal column, although I have gone as high as four thousand over the back.

It is my habit to count the number of punctures, and this I have found can most conveniently be done by twenties, beginning each twenty by a serial number instead of unity, up to ten, thus: 1, 2, 3, 4, etc., for the first score; 2—2, 3, 4, etc., for the second; 3—2, 3, 4, etc., for the third; and so on up to ten—2, 3, 4, etc., which is two hundred punctures; I then recommence.

The igni-puncture as a derivative application, presents

Digitized by Google

many advantages which must recommend it to the practitioner:

1st. Controllability.

2d. Rapidity of action.

3d. Efficiency.

4th. Comparative painlessness.

5th. Moral effect.

6th. Cleanliness.

Altogether, it is the prince of counter-irritants.

The choice of the point to be used for the igni-puncture depends, of course, upon the effect it is desired to produce; the fine, sharp point being selected when deep impressions are required, and the blunter ones, where a more superficial action will suffice.

For general use a point of medium sharpness is the best and will suffice for the great majority of cases, for the reason that its range of penetration can be greatly varied by the dexterity of the manipulator.

When it is desired to make an extended impression upon the cutaneous nerves, I would recommend my right-angled mushroom or button point, which, by using the large bellows introduced by me, may be readily maintained at any temperature up to a white heat, which would be quite impossible with bellows usually furnished.

Much that has been said regarding igni-puncture is, of course, applicable to this form of counter-irritants, keeping in view the fact that the action of this is superficial and extended over a large surface, while the action of the igni-puncture is limited in superficial area, but can be produced at a great depth.

Digitized by Google

IGNI-PRESSURE.

As a parallel expression to "igni-puncture," I venture to suggest, for this application of the cautery, the name *igni-pressure.*

But little is to be said as to the choice of a suitable point for igni-pressure; about 1.5 cms. = $\frac{5}{8}$ inch in diameter, will be found a convenient size, but it is important that the metal should be much thicker than usual, or else its use when softened by heat, will cause the surface to change its shape from the slightly convex form which it should have, to a concave, which is not so good.

The management of the fluid used in the reservoir is worthy of mention, for the reason that without some little experience in this direction the whole instrument might come in for blame, while in good truth the inexperience of the manipulator would be the real cause of the difficulty.

The inventor of the instrument has laid down certain rules to be observed as to the choice of the hydro-carbon to be employed: "That the specific gravity of the fluid be tested beforehand, and that when a good specimen is found, a quantity of it should be secured." This precaution I have found to be unnecessary as will be seen hereafter. The hydro-carbon may be at fault for two reasons:

1st. It may be too heavy, as pointed out by M. Paquelin himself. For this, he says, there is no remedy but to try another specimen; but I wish to say that, in case of great necessity, a fluid somewhat too dense may be utilized by warming the reservoir a little.

2d. The fluid may be too light. This fact seems to have escaped the notice of the inventor. For this, the remedy is simple enough: Either allow the more volatile hydro-

Digitized by Google

carbon to pass off spontaneously by leaving the fluid exposed to the air for a short time, or else, having charged the reservoir, pass through it a stream of air, by working the bellows for a short time. This will have the same effect.

The quality of the fluid may be judged of by the character of flame produced when the blow-pipe is used. If the flame is large and diffuse, the fluid is too light. If it is small and contracted, the fluid is too dense. This test is original with myself. It is easy of application and certain in its results.

The hydro-carbon fluid sold as naphtha, I have found to answer every purpose.

Everything which I have said in this paper would, perhaps, be to the specialist an old story, and is of interest here only on account of its local application. Although, when I knew from personal observation that what I had to say was applicable to other places, I may have allowed my remarks to take a somewhat wider range.

CONCLUSION.

My effort in this paper has been to direct the attention of the profession especially to this subject, to the end that the errors constantly being committed in the physical training and development of young girls—either through ignorance, carelessness or design—may be brought frequently and forcibly to the attention of parents and others having charge of young persons, that a remedy may be found, and that some practical amelioration of these conditions may speedily result.

When it is considered that nearly all uterine distortions result from two causes :

Digitized by Google

First, a weakness of the uterus and its supports, and,

Secondly, a force, weak or strong, continued or intermittent, tending to pull or push the uterus out of its normal position,— it seems that if we would diminish the number of sufferers from these diseases, we should first strike at the root of the evil, and endeavor to eliminate the causes which bring about certain conditions, which, again, have these diseases as their natural results.

This should be some of the work of a true civilization.

Digitized by Google

Digitized by Google

THREE CASES OF COMPOUND COMMINUTED FRACTURE OF THE LEG—RECOVERY WITHOUT SUPPURATION.

By THOS. R. WRIGHT, M.D., Augusta,
Demonstrator of Anatomy, Medical Department University of Georgia.

Prof. Billroth says, "The most successful operation never gave me such pleasure as the successful union of a severe complicated fracture." And this, I believe, but expresses the sentiment of every surgeon who has had many of this class of fractures to deal with. If we turn to the subject of complicated fractures in any surgical treatise, we find them classed among the most difficult and dangerous injuries to treat,—difficult, because they require on the part of the surgeon good judgment, and no little skill in their management,—and dangerous, because very often a limb and sometimes the life of a patient is in danger of being lost;—if neither of these, they entail great suffering with exhaustive suppuration, and possibly necrosis or caries, with only a partially useful limb as a result. Such being the case, it is with pleasure I place on record the following cases, whose treatment and favorable results are given for what they may be worth.

Case I.—On the 21st of August, 1879, I was called to see Robt. J., a negro man, about fifty years of age, who had received a severe injury of the right leg. Upon

Digitized by Google

reaching him I found that he had been hurt by the falling of a heavy timber, twelve inches square, and forty feet long,—this timber catching his leg between it and another piece which was lying on the ground, thus making a kind of scissors joint, which had crushed the limb terribly. Examination of the leg showed a compound comminuted fracture of both bones at the junction of the lower and middle thirds, the bones being very much comminuted for a space of four inches, with a wound through the soft parts the size of a silver quarter, two inches above the external malleolus, from which the blood was flowing very freely, from the wounding of the peroneal artery. The foot, as the man lay on the floor, would lie flat, at right-angles to the limb on either side, showing that the parts had been terribly twisted. In fact, the man afterward told me, that as he fell his body twisted around on the crushed limb. At first sight of the case, I asked myself the question, shall I amputate or try and save the leg? I had seen amputations for less serious fractures, and I had also seen very serious compound comminuted fractures recover with very little trouble and *no suppuration*, upon just the treatment I would put this man upon if the attempt was made to save the limb. However, I sent for Prof. DeS. Ford in consultation, and after a careful examination of the injury he advised me to save the leg if possible. Accordingly, under ether, the limb was straightened out, extension and counter-extension made, and the fragments moulded as nearly as possible into position. A piece of adhesive plaster with a compress was placed over the wound, to control the bleeding if possible. The limb was then placed in a fracture box and packed around with cotton, exten-

Digitized by Google

sion being made from the foot-piece; this constituted the entire dressing. Ten grains of sulph. quinine was then given, with ¼ grain sulph. morphia; 5 grains of quinine was ordered to be given at 6 p.m. At 6 p.m. I saw him again. The temperature was not taken; pulse 100. The bleeding had continued so that the compress was saturated, the blood trickling from beneath it. This was removed and a new compress dipped in cold tar-water applied. One-fourth grain sulph. of morphia was given, and 5 grains of quinine ordered given every four hours during the following day, commencing at 6 a.m.

August 22d, 9 a.m. Temperature 100 2-5, pulse 104; had slept very little during the night; blood still trickling from the wound. Compress again changed.

Six p.m. Temperature 102, pulse 118; at this visit it was found necessary, from the continued bleeding which had soiled the dressings, to change the box, which was done, the leg being placed in a clean box and packed with saw-dust; quinine to be continued as before.

August 23d, a.m. Temperature 101, pulse 110; had slept but little, and complains of severe pain in the ankle. Bleeding about as before. The hemorrhage now began to be a serious matter, and I feared the artery might have to be ligated; before doing this, I determined to adopt a suggestion of Dr. Ford's, and apply pressure along the course of the artery (peroneal) with a piece of rubber tubing laid over it, and firmly bound there by a many-tailed bandage. This was done and the bleeding ceased, giving no further trouble.

Six p.m. Temperature 102, pulse 112; no suppuration; quinine, 20 grains a day as before.

Digitized by Google

August 24th, a.m. Temperature 99 4-5, pulse 108; patient expresses himself as feeling very comfortable. No odor or pus.

Six p.m. Temperature 101, pulse 108; quinine continued.

August 25th, a.m. Temperature 99 4-5, pulse 100; no suppuration; patient doing well; 20 grains quinine, as before.

August 26th, a.m. Temperature normal, pulse 92.

August 27th, a.m. Temperature 100 4-5, pulse 88; no suppuration. At this visit, the leg was placed in a plaster bandage, with paste-board side-splints, a fenestrum being left over the wound. As yet, no smell or suppuration.

Six p.m. Temperature 100 4-5, pulse 76, says, "he feels well"; 20 grains quinine continued.

August 28th, a.m. Temperature 99 4-5, pulse 80; wound healing nicely, and with no suppuration. From this date, the record of temperature and pulse, ranging about normal, was not kept, and the quinine was reduced to 5 grains three times a day, and continued at that for a week, when it was again lessened to 10 grains a day, and continued for a week, and then left off. The patient continued to do well, and at the end of three weeks was allowed to sit up, the plaster bandage forming a perfect support for the limb, the wound having healed without any suppuration. On the 1st of October, six weeks after the injury, the plaster bandage was removed, and union found to have taken place; a starch bandage supplemented with paste-board side-splints was then applied, and the patient allowed to go about on crutches. Twelve weeks after the injury this bandage was taken off, the

Digitized by Google

bones being firmly united. The limb was not appreciably shortened—or, as he said, "his right leg used to be a little longer than his left, but now they were just right." The ankle was a little stiff at first, but soon recovered its mobility, the man using his leg as though it had never been broken.

CASE II.—This case occurred in the practice of Dr. DeS. Ford, who kindly asked me to assist him in dressing, and who allowed me to keep the record. It will be referred to by the Doctor at another time. On the 2d of June, 1880, the Doctor was called to see G. W. (white), aged 45, a butcher and a hard drinker, who had received a compound comminuted fracture of the middle of the upper third of the left leg, by the kick of his horse—the shoe of the horse cutting through the soft parts, and comminuting the upper portion of the tibia; the fibula was not broken. The hemorrhage from the wound was considerable, but readily controlled by a compress and adhesive plaster. The leg was then placed in a fracture box and packed with wheat bran, extension being made from the foot-piece. We saw the case about four o'clock in the afternoon, he being under the influence of liquor at the time. At eight in the evening, when seen again, he was resting quietly; temperature 99, pulse 88; 10 grains sulph. quinine was then given, and 5 grains ordered given at six and eight o'clock in the morning, and at the same hours in the evening.

June 3d, a.m. Had suffered no pain, and rested quietly during the night; temperature normal, pulse 84; quinine to be continued.

Digitized by Google

June 4th. Continues to do well; no pain, smell, or pus; temperature normal, pulse 84.

June 5th. Complains some of his knee, which was a little hot and swollen; no suppuration; temperature 99 1-5, pulse 84; 20 grains quinine a day as before.

Six p.m. Temperature normal, pulse 85; knee feeling better.

June 6th, a.m. Temperature 99 1-5, pulse 84.

Six p.m. Temperature 99, pulse 84; no suppuration; quinine as before.

June 7th. Temperature normal, pulse 82.

June 8th. Normal temperature, pulse 84; wound in soft parts healed, and with no suppuration. From this date the record of temperature and pulse was not kept; the quinine lessened to 15 grains a day for a week and then discontinued, the patient getting along with no trouble whatever. On the 21st of June, three weeks after the injury, the leg was put up in a starch bandage with paste-board side-splints, the patient then being allowed to go about on crutches. He wore this dressing for a month, when it was removed by the Doctor, and firm union found to have taken place.

Case III.—W. T., negro, aged 35. On the 11th of Nov., 1880, I was called to see this man, who had been injured by the falling of a heavy piece of machinery. On reaching him seven hours after the accident, I found a compound comminuted fracture of the right leg, at the junction of the middle and upper thirds. The limb was considerably swollen, and was bleeding freely from a wound of the soft parts, just over the fracture, on the inner side of the leg.

Digitized by Google

The wound was closed with adhesive plaster, and the limb placed in a fracture box and packed with saw-dust. Temperature at time of dressing (4½ p.m.), 101 1-5, pulse 80; 5 grains quinine given at once and 5 grains at 8 p.m.

Nov. 12th, a.m. Temperature 99 1-5, pulse 68; some little blood oozing from the wound; limb still much swollen, with blebs forming around the seat of fracture. Five grains quinine was ordered given at 6 and 8 a.m., but was not given until 9 a.m., after which 10 grains was given at 12 m., and 5 grains at 8 p.m.

Four p.m. Temperature 101 4-5, pulse 104; still some bleeding; condition of the limb otherwise unchanged. Five grains quinine was ordered to be given at 6 and 8 o'clock morning and evening, and to be continued until further orders.

Nov. 13th, a.m. Temperature 99 1-5, pulse 98; removed the soiled saw-dust and put in fresh; the bleeding had ceased, but blebs were still forming.

Six p.m. Temperature 101 4-5, pulse 104.

Nov. 14th, a.m. Temperature 99 4-5, pulse 100; he complains of pain under the fracture; and removing the saw-dust, it was found that a very large bleb had formed under the calf of his leg and broken, leaving a large ulcerated surface. I then placed the limb in side-splints, extending above the knee, leaving openings in the bandage over the original wound and the superficial ulcer. The whole dressing was then starched so as to keep it firm and stiff. The ulcerated surface was as large as the palm of the hand, and was probably caused as much by the crushing of the limb against the ground as by the breaking of the bleb. The ulcer was then dressed with carbolic acid

Digitized by Google

and glycerine, 10 grains to the ounce, and the patient turned on his side; no suppuration from the wound.

Six p.m. Temperature 100, pulse 88; patient had turned on his back again, as he said the muscles of his thigh cramped when lying on his side.

Nov. 15th, a.m. Temperature normal, pulse 88; ulcer dressed with carbolic acid and glycerine. As the patient could not lie on his side, and the pressure on the ulcer seemed to make it worse, I suspended the limb in a sling having an opening so that nothing could press upon the ulcerated surface.

Nov. 16th, a.m. Temperature 99 2-5, pulse 88; No suppuration, save a little from the ulcer, which was dressed as before.

Nov. 17th. a.m. Temperature 100, pulse 100; same treatment continued.

Nov. 18th. Temperature 99 2-5, pulse 98; treatment as before.

Nov. 19th. Temperature normal, pulse 88; no suppuration from the wound; ulcer dressed as before. From this date the record of temperature and pulse was not kept; the quinine being dropped to 15 grains a day, and continued for ten days and then left off. The leg was kept in the sling for ten days, at the end of which time both the wound and ulcer had healed; there being no suppuration from the wound over the fracture, and but very little from the ulcer.

On the 25th of Nov. the leg was taken from the sling and a roller bandage run up over the old dressing, the whole bandage being starched again. Five weeks after the accident, this dressing becoming loose it was taken off, and a new starch bandage with side-splints applied;

Digitized by Google

this was worn for a month longer, and then removed, the patient having made a good recovery without suppuration.

In summing up these cases, there are a few points worthy of a second notice:

1st. There was perfect recovery in each case *without suppuration*, and that without the use of any antiseptic measure, unless we may be allowed to class the sulphate of quinine among the antiseptics. At all events we will place it among the anti-pyogenics. How the drug acts in the prevention of suppuration, I will not attempt to say; but that it does I most firmly believe, not from my experience with these cases, but from observing the lack of suppuration, after a good many worse injuries and after surgical operations.

2nd. In two of the cases the fractured limb had to be moved several times before the permanent dressing was applied, and in these two the wounds over the fracture were not closed save for a short time, thus leaving them open. I do not believe, however, that it makes very much difference whether these wounds are closed or not; in fact Billroth says, "For a short time back he has been leaving them open, and has been surprised at the results obtained." In the cases given there was every reason to expect suppuration, for there was not only openings in the soft parts, but comminution of the bones with crushing, and in the first case, twisting of the tissues along with the fracture. Still, no suppuration occurred, and its absence I can trace to nothing save the free use of quinine.

It may be worthy of note that in these cases, while taking the amount of quinine mentioned, there was no cinchonism; the patients never complaining of tinnitus or other unpleasant symptoms.

Digitized by Google

Digitized by Google

CASE OF CUT THROAT—ATTEMPTED SUICIDE.

By THOMAS H. KENAN, M.D., Milledgeville,
First Physician to the Georgia Lunatic Asylum.

I was called to see Mr. E. T. B., æt. 70—a case of suicidal mania—who had seized a razor from the bureau drawer as he arose from the chair in the shaving-room, on Sept. 22d, 1880. His attendant was at his side and caught him as he made the cut, the first incision only cutting the skin over the anterior portion of the left sterno-cleido-mastoid muscle, about opposite the angle of the jaw-bone. In the scuffle he succeeded in passing the razor in on the left side (almost in the first incision), severing the anterior fibres of the sterno-cleido-mastoid muscle and external carotid artery—passing just under the cornu of the hyoid bone, cutting from one tonsil across to the other —severing everything—and coming out on the right side near the sterno-cleido-mastoid muscle. He was sitting up, head inclined forward, and supported to prevent strangulation, as the blood flowed freely.

I felt that he would die, in spite of all efforts to save him. Passing my hand in to brush away the clots, I found the fingers could pass up into the mouth. I brushed a heavy coating of Monsel's solution over the cut surface rapidly; and, again, hurridly cleared away the newly-formed clots, to re-apply the solution. The ice having been brought, I applied a piece about the size and shape of an axe-blade within the cut, and pressed the head

Digitized by Google

firmly down upon it (as the chin was held steady, thereby getting the effects of cold and pressure to the bleeding vessels), while Dr. Whitaker arranged to give brandy hypodermically. The radial pulse was suspended, and the surface cold. So soon as the bleeding ceased, he was covered up well, about two ounces of brandy in all being given hypodermically; and in a short time he rallied sufficiently to encourage us in the hope of getting him through the dangers of the immediate loss of blood.

To make a long story short, he had no more loss of blood. Ice and ice-cold watered cloths were kept constantly applied. The following day reaction was established, the wound well glazed, and he was fed by an improvised stomach pump. I used one of the best soft catheters, No. 12, on the end of a Davidson's syringe (using the child's nozzle), passing it over the cut (across the tongue), and pumped milk, beef-tea and coffee three times a day into the œsophagus,—asking him not to breathe while pressure was made upon the syringe, for obvious reasons. The parts remained in position very well so long as the chin was kept down, but when he coughed the sputa ran through the wound and the thyroid cartilage would play up and down in the effort of deglutition. The hyoid bone was uninjured; as before stated, the cut was between the hyoid bone and thyroid cartilage, separating them entirely. If you will remember that the head was thrown back and the neck upon the stretch, the razor going in point foremost, you can readily understand the nature of the injury.

What was to be done with so formidable a wound, was perplexing. The indications were plain, to be sure, but the delusions of the patient, the contending forces of the

Digitized by Google

muscles and the impossibility of keeping the head and chin drawn down, made it a case of great anxiety to us. Dr. W. H. Hall (of the Board of Trustees) met us in consultation. A few stitches were taken, the chin kept down the best we could, and the ice-water dressing continued. Adhesive plaster and collodion were used also. Wire sutures were used several times during the following two months as required, and the plaster and collodion had to be applied repeatedly, as the growing of the beard loosened it every few days. Nourishment was given daily, and brandy occasionally. Now and then the bowels had to be moved by enema. The tongue could not be protruded for some time, and he could not swallow until about the middle of December; for, until this, everything would pass from the mouth into the cut and out of the throat; and even after he got so that he could swallow with care, he would at times get a crumb of bread or a drop of water, etc. in the cut, and cough a good deal.

The outer side healed slowly, and about February 15th, 1881, the union was complete, leaving an ugly cicatrix; but in a few weeks it became absorbed, and now it requires rather careful observation to see the cicatrix.

His mind was quite clear for a few days while he was in bed, but his delusions returned, and I suspect that he would commit suicide now, if he had an opportunity.

The main point in this case is the non-use of ligatures. The only unpleasant symptom during the time was a tendency to erysipelatous inflammation on the fourth day, but it soon abated.

At the date of writing, June 20th, 1881, he is up and about as usual, and has no trouble in eating anything.

Digitized by Google

Digitized by Google

USES OF THE FLUID EXTRACT OF ERGOT.

By J. G. HOPKINS, M.D., Thomasville.

Having seen that Planat, of Nice, in 1878, had used ergotine diluted with rose water and glycerine, in cases of conjunctivitis, keratitis and iritis with much success, and knowing that my father, Dr. T. S. Hopkins, of this place, had met with most happy results in the use of Squibb's fluid extract of ergot in cases of throat affections, I was induced to try its efficacy, if indeed it possessed any, in the treatment of gonorrhœa, and, too, in other affections of which I will speak later. While this specific urethritis has not prevailed in our community to such an extent as to justify the use of the term *epidemic*, I have had ample field for sufficient experiment to convince me that we possess in the fluid extract of ergot, a perfectly safe and painless remedy for this often troublesome affection. I do not pretend to have discovered a specific, but the results of my treatment bear me out in the assertion that this medicine is entitled to position in the foremost rank of those adaptable to the cure of gonorrhœa, and, indeed, of all local inflammatory affections of the mucous membrane, find it where you will.

No notes of any of my cases have been kept, as I knew not that the result would be worthy of record; but the history of many can be given with sufficient accuracy to

Digitized by Google

show the value of the drug in many directions not familiar, or even perhaps known, to the profession. Not wishing to be tedious, I will simply give the result in a few typical cases.

CASE I.—R. M., aged 20, came to me on the morning of July, the 19th 1880, laboring under a plain case of gonorrhœa, of several days' standing. With a common glass syringe I injected the urethra with some two or three drachms of Squibb's fluid extract of ergot, undiluted. Held the penis with my own hand, perhaps twenty minutes, to prevent its escape. He complained of no pain, and was directed to return in the afternoon. Was very prompt, and on his arrival reported better, though there was a feeling as though the organ was very much larger than its normal size. This imaginary enlargement caused no inconvenience, and the treatment was repeated. Returned on the following morning, and the improvement was quite marked. During this day the treatment was applied three times. On the next day (the 21st), the same obtained, and on the 22d he was discharged, cured, there being no further trouble. This feeling of abnormal dimensions has never been complained of in any other case, whether a greater length of time was taken to effect a cure or otherwise.

CASE II.—A benedict, claimed to be suffering from "running of the range," from imprudence and hard work. As to his *hard work* I know nothing, but he evidently had been imprudent, for his case was none other than an old gonorrhœa, which had reached that stage known as gleet. The same treatment as in Case I. was applied, and with

Digitized by Google

like result, save that a day or so more was required to complete the cure.

CASE III.—A woman, was suffering very greatly with a specific vaginitis and urethro-cystitis. The same treatment was adopted except that the fluid was applied to the vagina, and used in the urethra in such quantity and with such force as to carry it plenteously into the bladder, it having previously been emptied. Gave also an opiate to insure temporary relief, and applied poultices to the abdomen. On the following day there was improvement; and the treatment, so far as applied to the ergot, being kept up through the third or fourth day, the patient was discharged; there being no discharge, no scalding on micturition, nor any other symptom which would lead us to believe that there had not been a cure.

CASE IV.—G. H., aged about 25, had tonsilitis. The organs nearly met across the pharynx. The fluid extract was applied by means of a probang. He returned on the following morning much improved. A second application was made, and he was requested to report on the third morning. This he did not do, and when interrogated as to his non-appearance replied, "I was well, and thought it no use." In such affections, simple pharyngitis, tonsilitis, etc.. I have found the remedy most valuable; and its effects are often very marked even in that *simple throat affection* which proves so annoying to that unfortunate class of cases whose only permanent relief is found beyond this terrestial sphere.

CASE V.—J. C., aged 20 years, was under my treatment for secondary syphilis. There were repeatedly formed small ulcers on the lips, tongue, and other parts of the

Digitized by Google

mouth, which I often found troublesome to rid him of. On one occasion he appeared with a narrow, long ulcer, not less than an inch in length and not more than a quarter-inch wide, occupying the end of the tongue. I tried the same preparation, applying it several times through the day, and within twenty-four hours I could see an improvement.

With this case and with others since, as well as was the case with simple ulcers occurring on the buccal mucous membrane, the cure was speedy and perfect. Usually a few applications (one or two each day) gives permanent relief, and in far less time than nitrate of silver or any other remedy it has ever been my privilege to use.

Digitized by Google

REPORT OF TWO CASES OF SURGERY. WOUND PENETRATING CAVITY OF ABDOMEN WITH VISCERAL PROTRUSION, AND WOUND OF DUODENUM.

By W. H. PHILPOT, M.D., Talbotton.

On the 12th day of May last, I was called in haste to see Balaam, and Mary, his sister, living on the plantation of Col. J. B. Gorman. Balaam was a stout boy, about nineteen years of age, and his sister, a fleshy girl, about two years older.

A general fight had occurred; and during its progress a large pocket-knife had been used, and had entered the peritoneal cavity of both the brother and sister.

Case I.—On my arrival some three or four hours after the cutting, I found Balaam (who had been placed in bed) in almost a comatose condition, with a wound some six inches in length, extending from the left hypochondrium across the epigastrium, and an enormous mass of intestines protruding from the cavity, or as the messenger termed it, "a basketful." The bowels were covered with feculent matter, and undigested food—bread, cabbage and cow-peas, whole and masticated. It was truly a very pitiable sight, the poor boy lying bathed in a cold, clammy perspiration, almost pulseless, while the abdominal viscera were protruding

Digitized by Google

through the large wound, and covered with blood, trash, dirt and the food they contained. I soon found a wound, some two inches or more in length in the duodenum, very near the right aperture of the stomach, from which had escaped, and were then escaping, its contents; and, judging from what had extravasated through the opening, it must have contained great quantities.

I administered a stimulant with a grain of morphia, and cleansing the seat of the wound in the intestine, prepared a needle with ligature, and with a continuous suture closed the wound, and proceeded to cleanse the viscera and replace them. From the quantity of undigested food and feculent matter that had escaped, and from the wound in the abdominal walls grasping the viscera so firmly, I felt satisfied that no extravasation into the cavity had occurred. Therefore, after cleansing well the viscera with warm water, I returned them carefully and with little difficulty into the cavity, closing the external wound; yet, leaving an opening at the point over the location proper for the wounded bowel. He was still weaker when my work was done; and I left him scarcely believing he would be alive in the morning. Prescribed stimulants, in the form of whiskey and aromatic spirits of ammonia—and quiet, with morphia every five or six hours.

Case II.—Visiting his sister, I found her with a wound in the abdomen, some three inches in length, just across the umbilicus, with a large mass of intestines escaping through the opening, yet no wound in any of them. She was four months advanced in pregnancy; and I feared much trouble on account of the pains complained of in the uterine

Digitized by Google

region. It was necessary for me to enlarge the wound in the abdominal walls before I could return the viscera, after which I closed the wound. Left morphia and camphor, and returned home, pretty well tired out with my night's ride and tedious work.

Mary got along finely, and soon was well enough to walk five miles to attend the commitment trial; while Balaam worried through a tedious illness of four or five months, reduced in flesh and strength by the continuous discharge of pus, through the opening in the epigastrium, about half an inch in length—the remaining portion of the external wound having united very handsomely.

The discharge gradually grew less, and under a good supporting treatment he was, after so long a time, fit for work; and has, at this writing, recovered his former good health and flesh.

Digitized by Google

Digitized by Google

GUNSHOT WOUND OF THE ABDOMEN—FECAL FISTULA—SPONTANEOUS CLOSURE—RECOVERY.

WITH FURTHER REMARKS ON THE ACTION OF QUININE.*

By A. SIBLEY CAMPBELL, M.D., Augusta,
Member of the Section on Surgery for the Eighth Congressional District.

This case presents an instance of recovery after an apparently fatal gunshot wound of the abdomen. Such fortunate results—though occurring in exceptional cases only—serve, nevertheless, in some degree, to qualify the prognosis under similar circumstances—even when the injury may seem most certainly mortal,—and cast a gleam of hope amid the most gloomy forebodings.

I saw the patient only once, in consultation, visiting him by railroad at a distance from the city, shortly after the receipt of the injury; but, hearing of his condition from time to time as he continued to survive, I became very much interested in the case for its scientific value, and am enabled to report it here—with more minute details in regard to its progress after my visit than I would otherwise possess—through the courtesy of the attending physicians, who have kindly furnished me with the subsequent history.

* Continued from last year's Transactions.

Digitized by Google

CASE.—Called to the patient on the night of January 27th, 1879, near McBean, Ga., on examining the abdomen, I found a wound, as if made by a large pistol ball, situated in the upper zone of the hypogastric region, about three-quarters of an inch to the right of the median line. There was no wound of exit. This wound, caused by the entrance of the ball, had the appearance of having been received directly from the front, the contour of the external orifice conveying the idea that the missile had ranged from before backwards; though subsequent developments indicated that its course had been backwards and downwards to the right.

I did not probe the wound. In such cases, I think it plainly the duty of the surgeon to accept the alternative of remaining somewhat in the dark as to the depth and direction of the wound when first received, rather than in seeking to obtain more exact information on these points, thereby run the risk of disturbing any clots that may have formed, or of adding to the dangers of the impending peritonitis, by interfering with the lacerated tissues within the abdominal cavity. The same is true in regard to penetrating wounds of the thoracic and cranial cavities. "In my experience," aptly remarks Dr. Fothergill, of London (in speaking, however, on another subject), "diagnostic inquisitiveness has often stood in an inverse ratio to a rational plan of treatment."*

We should—in the primary examination of such injuries—endeavor to form as clear an opinion as possible in regard to the nature and extent of the wound, by a careful

* The Practitioner's Hand-Book of Treatment, or the Principles of Therapeutics. By J. Milner Fothergill, M.D.

Digitized by Google

consideration of the local and constitutional symptoms, external appearances, and all the circumstances connected with the infliction of the injury, that may have a bearing on its character; and apply the general principles of treatment indicated in such cases—apprehending the worst, but hoping for the best. For, the general course of constitutional treatment need not be materially altered by the results of a minute and disturbing physical examination; though, it is true, any local complications existing in individual cases would of course modify these remarks in some degree; and I have not had reference to more distant subsequent examinations, if the patient survive,—the time for the primary dangers having passed, and the wound having assumed a chronic character.

The patient was white; nineteen years of age; muscular and robust. I found the pulse 116 to 120; temperature 101.5; but his general condition during my visit unusually good, considering the nature of the injury. The wound was not bleeding—at least, there was no external evidence, when I saw him; and he had lost, so far as appearances on his clothing and the bed-clothes indicated, only about an ounce of blood, and I did not see or hear of any indication of additional hemorrhage. The orifice of the wound was occupied by a small plug of fatty tissue, slightly protruding, which filled the opening, and looked as if it might be either a portion of the wounded omentum, pushed forward by the intra-abdominal pressure, or perhaps merely a piece of the subcutaneous fat. The patient had vomited once or more, before my arrival.

I saw the case at about 10½ p.m., and remained with him until 3 a.m. next morning, when I had to take the train

Digitized by Google

for Augusta. He had been wounded, as I was informed, between eight and nine o'clock in the morning, hence about fourteen hours before my arrival, and had been previously seen by Dr. J. B. Baxley and Dr. A. Preskitt, the physicians of the neighborhood. They had prescribed morphine in powders of about one-quarter grain each, of which he had taken, as stated by the nurse, about half a dozen since the wound was received. He took another dose after my arrival, about twelve o'clock, as he said the wound was paining him somewhat; though, during my entire visit he complained very little, and was free from pain to a remarkable degree.

TREATMENT—QUININE AND OPIUM.

In consultation with Dr. Preskitt, who soon arrived in response to my message, Dr. Baxley at the time being some distance away, the apparently simple, but all-important treatment by quinine and opium was determined upon, to prevent or modify peritonitis, if possible, and at the same time, besides its general action, to check by the latter the peristaltic action of the wounded intestines—if such should be their condition—which subsequent developments demonstrated to be the fact.

These agents (as now acknowledged by various surgeons, though many intelligent practitioners, especially outside of the Southern States, seem still to be sadly ignorant of this most valuable property of *quinine*) are the two great remedies in such conditions; the quinine not only tending to diminish the violence of the constitutional febrile reaction, limiting its duration and modifying the ravages which it may inflict after the febrile state has been established; but locally, also, exerting the beneficial influence of preventing

Digitized by Google

or limiting congestion and inflammation in the parts implicated by the wound.

Quinine also tends to prevent internal hemorrhage, especially of the smaller vessels—and at least modifying that of the larger,—if there has been any lesion of the vascular system. It exerts this influence by virtue of its action on the middle or muscular coat of the bloodvessels, contracting or restoring the normal tone of the tissues composing their calibre, and thus, also, equalizing the circulation.

These views, in regard to the action of quinine, are deduced from those of Dr. Robert Campbell, who in 1858–9 gave the most satisfactory explanation, it seems, of the general therapeutic action of quinine that has yet been proposed, to account for its beneficial application in the manifold diseases for which it has been successfully employed. The views referred to, comprehend a generalization of the action of quinine in its application to the various conditions throughout the system; I have cited here only the fundamental principle of the theory in its application to the special condition under consideration.* In my paper on "Ophthalmic Operations—The Ophthalmic Use of Quinine, and its Therapeutic Action," in the last volume of Transactions, I have treated the subject at greater length.

In my former paper, while considering the surgical uses

* See remarks on the action of quinine, in Clinical Lectures on Dysentery, by Robert Campbell, A.M., M.D., Demonstrator of Anatomy in the Medical College of Georgia—Lecture II., The Treatment of Dysentery, *Southern Medical and Surgical Journal*, Vol. XIV., No. 2, Feb. 1858, p. 75; Lecture III., The Appropriate Treatment of Dysentery, *Ibid*, No. 3, March, 1858, p. 107; also, Propositions on the Action of Quinine, *Ibid*, Vol. XV., No. 8, Aug. 1859, p. 569.

Digitized by Google

of quinine, with especial reference to its employment in the after-treatment of ophthalmic operations, I took occasion to glance briefly at its general action also:—in all conditions dependent upon congestion, or hyperemia, peripheral or centric, whether arising from traumatic or other causes; calling attention to its influence in controlling or preventing the various forms and stadia of the inflammatory process; endeavoring to show that in the multiform affections (which yet may be traced to cognate states and causes) the prime potency of the agent is inherent in that quality by virtue of which it becomes "hostile to congestion, inflammation, suppuration, and the long train of special symptoms and conditions which they [these stadia of the histo-dialytic process] either include or may develop"—*Transactions*, 1880, p. 125. This, more than any other single theory, I believe, forms a standpoint from which may be viewed, with clearer ken, the at first divergent, but now blending streams of influence, that proceed from this great re-vitalizing principle.

In considering the therapeutic action of remedies, it is a well-known fact that sometimes the most prominent and important property of an agent is observed to be allied with one or more additional qualities, distinct though co-existent, and if not co-ordinate, at least co-operative, in certain applications. This is no doubt true in regard to quinine. Ringer places it, for instance, in the front rank of antiseptics. In his chapter on "Cinchona and its Alkaloids," he remarks: "Even weak solutions are highly poisonous to protozoa and infusoria (Binz), more so even than salts of strychnia or morphia. Small quantities of quinia salts destroy septic germs and arrest putrefaction

Digitized by Google

more thoroughly than most antiseptics, including even arsenic and creasote. With the exception of strychnia, quinia, moreover, hinders alcoholic and butyric fermentations more than other bitters. Cinchona possesses the same properties, but in a weaker degree than quinia."

In giving due weight to this powerful antiseptic property of the agent assigned by Ringer and other writers, it is probable that in many of the applications of quinine —such as its surgical uses above mentioned, as well as in malarial and zymotic diseases (intermittent and remittent, typhoid and other continued fevers, etc.)—its wonderful prophylactic and remedial power—of such universal sway —may often be ascribed to its constringent, anti-congestive or "syntonic" property, *plus* its antiseptic influence.

It would be unnecessary to dwell here upon the uses of *opium* in abdominal wounds, or in peritonitis generally—for its sedative, anodyne and anti-peristaltic action.

The quinine was advised in five grain doses every four hours until six doses were taken, then every six hours night and day—and would have been directed at first at shorter intervals if we had not apprehended that it might not be well tolerated by the stomach, on account of the nausea consequent upon the shock of the injury. The morphine was directed to be given in one-fourth grain powders every four or six hours pro re nata, but, generally, three or four times a day. This, together with a light, cold-water dressing to the abdominal wound; simple food, such as milk-diet—and little stimulants, unless depression or collapse was threatened,—comprehended the general plan of treatment.

Digitized by Google

PROGRESS OF THE CASE.

As the case has not been reported before, and believing that it should be put on record, I wrote to each of the physicians who conducted the subsequent treatment, propounding the necessary questions on the most important points, which have elicited the following interesting replies:

From Dr. A. Preskitt's letter of April 24th, 1880, I extract the following account:—

"The case, after you saw it, first took on the condition generally of peritonitis—distended abdomen, tender and tympanitic, with the usual pulse of peritonitis. The treatment was that advised by yourself when you saw him—opiates, quinine and a general supporting treatment, under which the bowels remained constipated until the tenth day, when he had a very large evacuation of fecal matter and gas per vias naturales, which immediately relieved the distended condition of the abdomen, with an amelioration of all his symptoms. His bowels after this remained regular only when held in check by opiates; and the treatment remained about the same until all tenderness of the abdomen passed away. By careful percussion we then detected fluid within the abdominal cavity, which we very readily concluded was from the suppurative stage of the peritonitis, and Dr. Baxley prescribed iodide of potassium and iron. But about the middle of April, he began to complain of pain in the right gluteal region, which finally proved to be caused by an abscess, fluctuating deeply; and after poulticing it for some time, Dr. Baxley and myself met again about the 3d of March and opened up the abscess, which discharged no matter at the time but a very offensive fecal gas; the poultices being continued, it discharged very freely, within a day or two, a matter purely fecal and very offensive. We kept it discharging by poulticing and dilating with sponge-tents. We finally

Digitized by Google

probed the abscess with a gum-elastic catheter, which caused a rumbling noise in the bowels, with a very large discharge of fecal matter. He also had evacuations by the natural channel. The abscess was daily washed out with a solution of carbolic acid, and he was put on the tincture of bark, with iron, etc. His first trip from home was about the middle of May, when he was taken to Waynesboro' to Burke Superior Court, but was not able to be out of bed any, after reaching the borough, for several days. I saw him a few days after his return, and he was not able to be out of bed any, and the abscess was still discharging at times very freely. No fecal matter ever appeared at the point where he was shot, in the abdomen. Some time in June he was able to be up and out of doors a little, and so I lost sight of the case. When last heard from, the fistula remained the same, occasionally opening of itself, and discharging fecal matter of a very offensive character."

From Dr. J. B. Baxley's letter of April 21st, 1880, which is given in conclusion, as it brings the history of the case down to the time of writing this report,* I extract the following additional information :—

"The ball was from a Smith & Wesson pistol of the largest size; distance about twenty-five feet, advancing upon his antagonist. The ball was never found. About twenty-four hours after receiving the wound peritonitis set in, and was treated with quinine and opium—both in large doses. After peritonitis was subdued, he suffered for several weeks —about six—with irritative fever, consequent upon the development of a fecal abscess, which pointed about the middle of the right buttock, coming through the sacro-sciatic notch. This was opened by free incision, fecal matter escaping in

* This paper was presented by title at the last meeting in Augusta, and originally prepared for the Transactions of that Session. The writer having used the allotted space in the discussion of other cases, it is published in the present volume as his report on Surgery for the Eighth District.

Digitized by Google

large quantities, about twice as much as passed by the natural channel. The opening was kept free by the use of sponge-tents, and finally healed from the bottom; the contents of the bowels finally escaping only by the anus. The fistulous track was about four months closing; he left the house about the seventh month, and has been travelling around ever since. The wounded bowel was most probably the colon. His general condition is good, as I now hear no complaint from him."*

REMARKS.

When recovery takes place after a penetrating wound of the abdomen, involving a lesion of the intestines, the life of the patient is saved, as a rule, by the fact that he has escaped the dangers of fecal extravasation into the cavity;—provided, of course, he escape also, or survive, such other impending dangers, as primary and secondary hemorrhage, traumatic fever, peritonitis, pyemia, septicemia, etc. Various factors, of different degrees of importance, have been assigned by different authorities in the production of this occasional retention of the intestinal contents within their proper channel. Dr. Gross has determined, by experiments on the inferior animals as well as by observations on the human subject, that within certain limits a contraction and diminution of the intestinal wound generally takes place.

In this connection, Dr. Gross says: "I found, for example, in dogs, that when the opening is six lines in extent, whether transverse, oblique, or longitudinal, there is almost invariably an escape of fecal matter, followed speedily by fatal peritonitis. If, however, the wound, whatever be its

* Up to last accounts, the patient was still living, with no change in regard to the wound since Dr. Baxley's letter.

Digitized by Google

direction, does not exceed four lines, or a third of an inch, in length, such a contingency will not only be less likely to happen, but in many cases, if not in a majority, nature, aided by appropriate therapeutic measures, will be fully competent to effect reparation. The safety of the patient in comparatively small wounds of the bowels, no doubt frequently depends upon the diminution which the opening experiences instantly after their infliction, *in consequence of the contraction of the muscular fibres of the tube and the eversion of its mucous membrane.*"

While these experiments and remarks of Dr. Gross apply more directly to incised intestinal wounds, they are likewise of interest in this connection, from the indirect bearing which they must necessarily have upon gunshot wounds—especially those made by balls of small calibre.

It is proper, however, to add, that the author just quoted does not regard this factor as a very generally potent one in gunshot wounds. He says: "In gunshot wounds of the bowels, and in incised wounds, attended with severe contusion, the eversion of the mucous coat is generally very slight, and sometimes even absent. Owing to this circumstance, wounds of this description, even when very small, are extremely prone to be followed by fecal extravasation and fatal peritonitis." Such being the case, the recovery in this instance is all the more remarkable—the ball, moreover, being of large size.

After the immediate danger has thus been averted, further immunity is derived *en permanence* from the adhesive inflammation which takes place between the intestine at its wounded point and the adjacent portion of the parietal

* Gross' System of Surgery. Vol. II., p. 777. The italics are mine.

Digitized by Google

peritoneum. Plastic lymph is effused; union takes place between the orifice of the intestinal wound and the internal abdominal wall; and in this way the opening in the bowel is safely shut off from the abdominal cavity.

In such cases as the one presented in this report—in addition to the original traumatism—the fecal matter, by its presence and contact, acting as a source of irritation, gives rise to inflammation, and an abscess is formed which encroaches upon the neighboring tissues, and makes its way outwards; finally, either breaking spontaneously, or requiring the surgeon's assistance, it thus finds an external outlet and forms a fecal fistula.

Therefore, besides guarding against the other impending dangers already specified, these admirable efforts of nature to repair so grave a lesion are to be aided in the fortunate result, by such therapeutic measures as may keep the patient at rest from pain and motion, control the peristaltic action of the intestines, circumscribe the peritonitis, and prevent it from carrying off the patient early in the struggle.

Among the agents that may be called into requisition in the general treatment of these cases, *ergot* may here be briefly mentioned also, as a valuable resource in averting or rendering less imminent the danger of internal hemorrhage. It would, no doubt, also aid in mitigating the severity of the traumatic fever.

STATISTICS.

While we rarely hear of recoveries of this kind in civil practice, perhaps simply because the injuries are comparatively infrequent; yet, in the vast number of soldiers wounded in battle, though a great number die, quite a number of recoveries after wounds of the large intestine,

Digitized by Google

causing fecal fistula, have been placed on record. That is to say, the absolute number of gunshot wounds as a whole, or of penetrating gunshot abdominal wounds as a class, is, comparatively speaking, not very great in civilized communities in times of peace; and, though the *ratio* of recoveries is no doubt really as great or greater than is shown by military statistics, yet the absolute number of recoveries of this kind, to which our attention is called in civil practice, must necessarily appear very small: and many would doubtless be surprised at the large number of soldiers who are recorded as having survived such injuries, for instance, in the late war between the States.

In the *Medical and Surgical History of the War*, a large list of these very interesting cases, including those both of a fatal and a fortunate termination, are given in detail. Under the consideration of wounds of the large intestines (*Surgical Volume, Part II., pp. 76–7*), Surgeon George A. Otis says: "While few instances were observed of recovery from shot wounds of the transverse colon, many were seen of survival after perforations of the cæcum and ascending portion of the bowel, and a still larger proportion of recoveries were observed in wounds of the sigmoid flexure and other portions of the descending colon. Not a few of these fortunate cases were complicated by groovings or perforations of the wings of the innominata. Nearly all were attended by stercoral fistulæ, which commonly closed after a time without operative interference, re-opening at intervals, and then healing permanently."

Such a showing as this, derived from so large a number of cases returned to the Surgeon-General's office, must

Digitized by Google

prove very encouraging to those who may have this unfortunate class of injuries to treat.

In the same Surgical Volume, in the "numerical statement of the cases of penetrating wounds of the abdomen returned during the war"—under the head of those cases involving "injury to the viscera of known character," and the sub-division of "shot wounds of the intestines"—including, however, wounds of both the large and the small intestines, Table IV., p. 202, shows, that of 653 cases returned, 484 died, 118 recovered, and unknown 51; giving a ratio of mortality of determined cases = 80.3. This seems to be an excellent result when we consider the nature of the injuries, leaving as it does a ratio of recovery = 19.7 per cent., or nearly one out of five.

Yet, the question naturally arises, whether in military practice a vast proportion of the *worst* cases of this kind do not die *ab initio*, from shock and hemorrhage, either on the field of battle, or so soon after, as to render it impracticable—from their number and the confusion of war—to subject them to hospital treatment, or to enter them on the lists with the recorded cases, in which the fatal issue is still further deferred.

Digitized by Google

EYE SURGERY.
REMARKS ON A FEW RARE AND INTERESTING CASES.

By CHAS. W. HICKMAN, M.D., Augusta,
Lecturer on Eye, Ear and Throat Diseases, in the Medical Department of the University of Georgia.

PENETRATING WOUNDS—CONCUSSIONS—INJURIES—FOREIGN BODIES, ETC.

Under the first of these headings may be mentioned the case of a young lady who sought aid for "weak eyes," inability to use them for any length of time without considerable discomfort to herself, an over-strained irritable condition resulting, attended by a slight amount of congestion. On examination, aside from the injected state of the conjunctiva, natural to such conditions, the right eye showed the remains of a former injury, interesting in the remarkable escape of the organ from total destruction. Some years previous she accidentally ran one blade of a pair of scissors into her eye, penetrating the anterior chamber, lacerating the iris, and leaving a considerable opening midway between the pupil and the edge of the cornea. From the size of the opening, the blade must have penetrated beyond the iris, yet the lens was as bright and clear as could be. Although a very slight laceration of the capsule might rapidly heal without any unpleasant

Digitized by Google

results ensuing, yet, as such could not well be the case in a wound like this, the probability is that after passing through the iris, the blade took a direction between the lens and ciliary body, consequently not producing traumatic cataract; at the same time, the patient being young and of good constitution, the effects of the injury readily subsided, with the exception of leaving the secondary pupil.

Concussion of the eye-ball may affect one or more portions of the globe, leaving the rest uninjured. I have seen it dislocate the lens into the anterior chamber, and also into the vitreous humor. A short while ago, a carpenter presented himself for a severe blow upon the eye, received from a flying fragment of wood; in which case the iris was the only structure involved, iritis setting in, but which yielded to the well-known treatment for that affection. Almost about the same time a young gentlemen came under notice for a blow equally as severe as the one just mentioned, and by which the cornea was bruised and scratched, though no rupture could be seen. The congestion of the eye-ball was very great, and the anterior chamber nearly half-full of blood. With the exception of a slight immobility of the pupil, the iris was uninjured, presenting an appearance as bright and clear as that of the other eye. Under the use of the compress bandage, the blood disappeared in a few hours, and though for a week or ten days the conjunctival injection remained considerable in degree, and the eye quite irritable, yet the iris continued bright and clear throughout, and scarcely a scar remained on the surface of the cornea to show that it had ever been injured. Although no rupture of the cornea

Digitized by Google

could be seen under the most careful scrutiny, or any traces of such be afterwards found, yet, in all probability, one must have existed, sufficient for the bandage to have pressed out the blood from the anterior chamber, as otherwise it could not have been so quickly absorbed.

The next case may be mentioned as something unique, and, perhaps, with but few parallels in the history of eye surgery; namely, that of an eyelash which had detached itself, and after being for hours a source of great irritation, was found buried almost its entire length in the lower lachrymal duct. So seldom does an accident of this kind occur, that the very existance of such a case has been denied. With the removal of the lash, naturally came immediate relief.

Removal of foreign bodies, such as grains of gunpowder, bits of steel and the like, recently lodged in the cornea, are things of every-day occurrence to the specialist. One may be here mentioned, which has some interest perhaps in the tolerance exhibited towards such things even in so sensitive a structure as the cornea. An accomplished machinist, Mr. S., came under notice for a red and painful condition of his right eye, more especially in one region—the lower and outer portion of the globe. His statement was, that six years previous while standing over a revolving emery wheel, attending to his work, a small fragment flew off and struck him on the "sight" of the eye. For a time the eye gave him some trouble, then seemed to get well, and though he could always more or less feel the foreign body, yet for months at a time it would give him no discomfort, then again for a few days be annoying and troublesome. Such was the condition of affairs until he sought relief, when

Digitized by Google

the fragment of wheel, of a reddish brown color, and nearly half the size of a pin-head, was seen buried in the lower and outer portion of the cornea. Its prompt removal soon restored the eye to its normal condition.

As illustrating the tendency of certain individuals, particularly those usually enjoying robust health, to think slightingly of themselves or to hold of no importance affections of grave import,—Mr. H., aged 23, presented himself for a "cold" in one of his eyes. Examination revealed the iris discolored, with partial dilatation of the pupil, the anterior chamber over-distended with fluid, and the posterior layer of the cornea covered with numberless little patches of ulcers; in other words, keratitis punctata, or serous iritis. So little pain accompanied the affection that it was almost impossible to convince the patient that anything beyond a severe cold was the matter with him, or of the danger he ran from lack of proper treatment, which he seemed to think entirely unnecessary. Reluctantly consenting, however, ten grains of iodide of potassium, three times a day, together with the exclusion of light by constant bandaging—any symptoms of irritation being met according to the circumstances of the case—resulted in the disappearance of the ulcers, one by one; diminution in quantity of contents of the anterior chamber; a return to a healthy appearance of the iris; in short, to as speedy a recovery as could well be obtained from iritis serosa.

TRAUMATIC CATARACT—OPERATION—RESTORATION OF SIGHT.

A pleasant-faced negro, aged about 26, was brought to me from Waynesboro, Ga., to see if something could not be done for the recovery of his sight. His right eye was

Digitized by Google

staphylomatous and gone, from some previous injury; while in his left could be seen a soft cataract with an anterior capsular cataract—a thickened opaque portion of lens capsule. He stated that, years ago, after frolicing and jumping around, he lost his sight in this eye, and ever since had been blind and helpless. No trace could be seen of a blow or any other injury, or of any previous inflammation—the pupil acting well under the stimulus of light. An incision having been made, the lens matter was withdrawn by means of a Bowman's suction syringe, and the opaque capsule removed; resulting in complete restoration of vision, after an absolute blindness of six years.

In concluding this little article may be mentioned the case of a servant girl, aged about 20, also from Waynesboro. It was scarcely necessary to ask her history as it could at once be told from a look at her eyes. Ophthalmia had destroyed the right, leaving it almost phthisical; while, in the left, two ulcers, at the upper and inner portion of the cornea, had firmly bound the iris within them to such an extent, that only a narrow threadlike pupil here existed, which, it can be easily imagined, placed the patient in a condition not far short of blindness. An opening being made with the iridectomy knife, between the two ulcers (or their remains), and the iris withdrawn, a fair-sized pupil was thus formed, giving the patient good sight; indeed, sufficient to allow her to follow any ordinary vocation for her living.

Digitized by Google

Digitized by Google

MISCARRIAGE FOLLOWED BY LABOR AT FULL-TERM.

By S. B. HAWKINS, M.D., Americus.

By request of my friend, Dr. George F. Cooper, I am induced to present an extraordinary case of obstetrics in my practice some years ago. I shall give the case as I recollect the facts, having misplaced the notes connected with it.

I was requested by the overseer on a farm near my residence, to visit at once a negro woman, who had been suddenly taken sick in the field. When I arrived, I found her in the corner of the fence, in great pain. I suspected the difficulty, and at once proceeded to satisfy myself that she was actually in labor, and too far advanced to be removed; so I contented myself with perfecting the delivery where she was, and succeeded in a short time in delivering her of a fœtus, at about three and a-half or four months,—fœtus and placenta all perfect, and delivered almost simultaneously. I had her carried home, where she received such attention as her condition required. She made a good and tolerably speedy recovery without any difficulty.

I would here state that there was but little hemorrhage, and scarcely any discharge afterwards.

The extraordinary feature of this case was, that just

Digitized by Google

about five or five and a-half months after the miscarriage, I delivered this woman of an eight and a-half pound child, at full-term, and perfect in every respect. She went out of this, as the former delivery, without an unfavorable symptom. She was about thirty-two or thirty-three years old, and black.

Digitized by Google

REPORT OF SURGICAL CASES, AND DISCUSSION OF QUININE AND TAR-WATER AS ANTISEPTICS, ETC.

By DeSAUSSURE FORD, M.D., Augusta,
Professor of Descriptive and Surgical Anatomy in the Medical College of Georgia, Medical Department University of Georgia.

(With two photo-engravings.)

Every conscientious worker in the profession manifests the sole desire to add something for the prevention, the amelioration, and the cure of disease. Surgery, in all its branches, has made rapid strides, in this century: the bloodless plan of operating; the galvanic ecraseur and knives; the antiseptic plan—these, with many others peculiar to specialties, are commanding the notice, criticism, and practice of surgeons.

Since the very general adoption of Lister's plan of antiseptic dressing, various have been the experiences; and yet, even Lister's statistics seem to warrant the conclusion, that they are not as satisfactory as all would wish. In no unworthy spirit will I attempt to canvass this plan of the justly eminent and accomplished Lister, by presenting a simpler plan of antiseptic treatment, for the careful scrutiny and criticism of the profession.

Many English and American surgeons, and some of the

Digitized by Google

French, endorse the Lister plan; indeed, it has been hinted, that the English courts will charge malpractice, if it shall not have been adopted. With the experience of the French, and some American surgeons, such a law will scarcely be in force in these countries, when it is known that very wonderful results have been obtained from other modes of surgical practice, which ignore Lister's plan, as too elaborate and, possibly, dangerous; substituting therefor, a simple dressing, with another disinfectant, antiseptic and antipyogenic—tar-water, and the internal administration of sulphate quinine, which is antiseptic, antipyretic and, also, antipyogenic.

In the limited time, taken amidst the distractions of an active general practice, I do not discuss the theories of septicæmia and purulent infection, which would be germane to our subject, believing that much is to be learned, in regard to the manner in which traumatic fever originates, and much more careful observation and experiment necessary to determine the actual causes of suppuration and purulent infection; but I certainly do not believe that the absorption of poisonous miasmata is sufficient alone to originate traumatic fevers and subsequent suppuration, and pyæmia—in short, that the germ theory has become a scientific truth. Those who desire to study Lister's plan, and antiseptic surgery, are referred to American Journal of Medical Sciences, 1871, '72, '73, '74, '75, '76, '77, '78, '79, '80; M. L. Gosselin's Clinical Lectures; and Dugas, on Suppuration—Southern Medical and Surgical Journal, 1866.

Since my graduation, I have been using sulphate quinine, both in surgical and general practice—indeed, during the recent war, at the hospitals (Culpepper C. H., and Lynchburg)

Digitized by Google

was called the quinine doctor,—and this was taught me by my father, Lewis D. Ford, Professor Institutes and Practice of Medicine in Medical College of Georgia, who as early as 1834 treated cases of malarial fever successfully, and in 1836 wrote an article in Southern Medical and Surgical Journal, which has, probably, with continuing lectures, been of more value to our Southern and Western practitioners, in the treatment of all forms of malarial disease, than any other suggestions, from other sources; and to him is due the credit of the abortive treatment of malignant, intermittent and remittent fevers, congestive types, prevalent about the marshes of the low country, which, before the residence, in Charleston, S. C., of Dr. F. M. Robertson, who had been one of his private pupils, was considered indeed malignant. Thus am I prepared to give the reasons for the faith that is in me.

During the recent war, there appeared in the Military Hospital, at Augusta, Ga., that terrific, and active scourge, hospital gangrene, which all surgeons recognize as a rapid and destructive inflammation, characterized by sloughing, and a sickening stench. Dr. L. A. Dugas, Professsor of Surgery in the Medical College of Georgia, suggested for this condition, the free irrigation of tar-water, and then cloths kept wet with it, with the effect of disinfecting the wounds, and the atmosphere of the apartment. Those who adopted it, were gratified to appreciate almost instantly, disinfection, relief from pain, and, soon, arrest of ulceration, and, when the sloughs were easily removed, early healthy granulation. Since that time, I have used tar-water irrigation, before, during and after, surgical procedures. It is less offensive, less dangerous, and equally as efficacious as

Digitized by Google

carbolic acid, which, when mixed with offensive pus, is the most exquisite of foul smelling compounds.

It will be noted, therefore, that the plan which I have pursued, consists, in first administering quinine freely, continuing it after all surgical operations, and when about to operate, cleansing the parts with tar-water, and during the operation, irrigations by an assistant, and then dressing the wound with soft cotton, or linen cloths, saturated with it, and renewing the dressing, or keeping it wet, as the case may demand; generally, however, at each dressing, the cloth is changed, and the wound thoroughly irrigated with the tar-water. Whenever introduced into a case where suppuration has commenced, the syringe is generally used with the water, at each daily dressing, preferring this course to the drainage tube, which may, in itself, be of sufficient irritation, to prevent the healing process.

As a disinfectant, tar-water has been used for a long time, and doubtless owes this, and its other qualities, to the pyroligneous acid, creasote, and dissolved resins and a small quantity of carbolic acid, the latter not in sufficient amount, to perpetuate its decided and disagreeable odour.

The rationale of the action of quinine has been long known in this section of the country, and to Dr. Robert Campbell is the honor due, for his study of it and recommendations for its intelligent use, in recent times. It is to be regretted that he does not, in the prime of an active and intellectual mind, continue to add to the literature of the profession, the results of a large, and successful practice. He says: "Quinine acts upon the fibrous coat of the vessels, constringing them, and, thus preventing congestions;" he remarks further, "that it is a disseminator, or equalizer of

Digitized by Google

the circulation, and acts by dispersing, wherever found, all vascular accumulations, possibly by giving tone to the vascular tissue, and that it has control over the nervous system, under such circumstances, by dispersing such engorgements in its centres." * His son, subsequently, writes: "Quinine restores the proper tone of the vessels, enabling them to contract and regain their normal calibre, when atony and, consequently, blood-stasis exists, relieving hyperæmia and engorgements, and thus preventing, limiting or relieving inflammation."†

Accepting these views, it naturally follows, that when quinine has been administered freely, septicæmia and pyæmia have most rarely resulted in my practice, after serious surgical injuries, or operations, and I present a few cases, which certainly show remarkable absence of those febrile symptoms, suppurations and alarming conditions, which follow grave injuries, and capital surgical procedures; and it may not be amiss to say that, in numerous obstetrical cases in the past, and in 48 last year, only one of that number is recorded as having been attacked by puerperal fever, because it has been my persistent habit to order free vaginal irrigations of tar-water, and administer quinine for ten days, or longer, after all confinements.

I am aware that M. Alphonse Guerin has enjoyed success in the use of quinine in surgical practice, but M. Gosselin has seen it fail in most cases.

The following are a few cases which have been noted as conspicuous:

---

* Southern Medical and Surgical Journal, 1858-9.

† Transactions Medical Association of Georgia, 1880.

Digitized by Google

January 15th, 1879. A. F., white, aged 12; extirpated lipoma as large as an orange, from back of ear. Quinine and tar-water. No suppuration.

March 29th, 1879. P. G., negro, aged 35; extirpated large fibrous tumour from side of neck. Quinine and tar-water. No suppuration.

March 27th, 1879. A. L., mulatto, aged 8; amputated right leg at point of election for railroad injury. Quinine and tar-water. No suppuration.

April 8th, 1880. Wm. F., mulatto, aged 35. Railroad accident, crushing right foot and lower thirds of tibia and fibula, and fracturing upper third of left tibia. The simple fracture of left leg was adjusted, temporarily, by two side-splints, and the right leg amputated at middle and upper third.

It is worthy of note that there was a north-eastern storm prevailing, the accident occurring near midnight about a half-mile from the Freedman's Hospital, where he was conveyed on a litter. This institution was celebrated for its filthiness, and the man was compelled to be placed in a ward with other negroes, which was so foul, that, notwithstanding the storm, the windows were opened; and in an adjoining hall, there was a decomposing corpse. The question of waiting for the morning was considered, but bleeding had been more than usual, and hemorrhage determined amputation. Ten grains quinine was given, and then the limb amputated, during irrigation of tar-water. The next afternoon the patient was moved to more purified quarters, twenty grains quinine was taken daily, and the stump healed without the slightest suppuration, under the tar-water dressing.

Digitized by Google

In dressing amputations, after sutures are introduced in flaps, a roller bandage is first firmly applied, before adhesive plaster is used—this "compression, undoubtedly, interferes with the circulation in the lymphatics, and superficial veins, to such an extent, that transport of septic materials is at least dimished if not entirely prevented"*—and, afterwards, cotton cloths, saturated with tar-water. and then, a retentive bandage—the whole dressing kept wet with it; the water being cold in summer, and warm in winter, and this dressing is not usually disturbed until the 5th or 6th day, the first roller being retained after the other dressings are carefully cut away.

June 2d, 1880. Geo. W., white, aged 45; hard drinker; was kicked by a horse, causing compound comminuted fracture of middle of upper third of left tibia. Hemorrhage was free, but controlled by adhesive plaster and compress, and limb placed in a fracture-box. Ordered ten grains quinine at once, and to be repeated every four hours until next visit, when adhesive plaster was taken off, and compress saturated with tar-water, was bound over the wound, which was an inch long. Twenty grains quinine daily for a week, and fifteen grains daily for a week, was taken. There was not the slightest suppuration, although ten days after injury a small spiculum of bone presented through the skin, below original opening, which was readily extracted, without bleeding, and no appearance of pus.

This is a remarkable result, especially, since the alcoholic habit renders the subjects less apt to recover from grave traumatic injuries.

December 13th, 1880. S. O., white, aged 12; scrofulous

* Gosselin: Clinical Lectures.

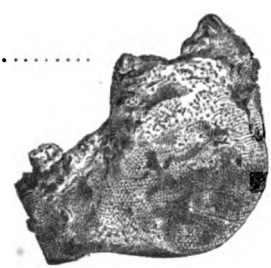
Digitized by Google

subject, emaciated, with large enchondroma of upper third right tibia. Amputated inferior third of femur. There was primary adhesion, without suppuration, during the first week, but the end of bone breaking through recent flap adhesions, there was some suppuration from the granulations, about the end, and around the bone. Had this accident not occurred, there was evidence to believe that, even in the presence of a broken-down scrofulous constitution, the wound could be reported as healing without suppuration. Tar-water and quinine were freely used.

February 17th, 1881. B. S., negro, aged 12, had an osteoma of left part of inferior maxilla; the accompanying cuts being from photographs of the patient before operation, and the extirpated bone. Sulphuric ether was administered, with, occasionally, a few drops of chloroform added. An incision through soft parts, from condyle, along lower border of bone, thence passing upwards in front of the symphysis, nearly to mucous membrane of lower lip. With the aid of the periosteotome, as much of the periosteum, as practicable, was retained. A chain-saw was used, behind mental foramen, and then necessary incisions to disarticulate the condyle, and to detach coronoid process, and the pterygoids, etc. There was very little hemorrhage, and only three vessels ligated, with ordinary silk. The wound in soft parts was then sutured with silver wire—a sufficient number to adjust them—that not much adhesive plaster should be used. The wound was dressed with compress of soft old diaper linen, saturated with tar-water, and the mouth ordered to be washed out with it frequently during the day. He took ten grains quinine an hour before operation, and fifteen grains daily thereafter; the wound healing

Digitized by Google

CASE OF OSTEOMA, BEFORE THE OPERATION.
(From a photograph.)



PORTION OF INFERIOR MAXILLA REMOVED FOR OSTEOMA.
(From a photograph—Reduced.)

Digitized by Google

Digitized by Google

without suppuration, being daily, and every other day, dressed with clean cloths, kept wet with the tar-water, and was discharged three weeks after operation; this detention owing to one of the ligatures remaining, and as his home was far distant from any physician, it was deemed proper to keep him.

I feel at liberty to refer to a case of *compound comminuted fracture of both thighs*—lower thirds—caused by an empty freight-car passing over them; the subject, a negro car-coupler, whose case I requested Dr. Wilcox, of this city, to report for me at the meeting of the Medical Association of Georgia, in 1875, at Savannah, at which time was discussed quinine as an antiseptic, etc. This case was most remarkable, the man recovering and now is walking perfectly. Large doses of quinine were given, and tar-water applied to wounds in soft parts, and the two limbs buried in a box filled with pine-wood saw-dust. During the whole course there was about a gill of pus, estimated. Also, to a Report on Surgery from the Eighth Congressional District, Transactions of the Medical Association of Georgia, 1876, when I wrote: After operating for cataract, according to any method, or after all operative procedures, at the risk of being charged with routinism, quinine is *always* directed, usually 15 grains daily, until inflammation and pain have subsided; this medicine having a decided influence in modifying all inflammatory conditions.

In the course of my experience with quinine, I have fortunately never met with an idiosyncrasy towards its use, and rarely has it ever produced tinnitus aurium, or affected vision.

Digitized by Google

At the close of this report, aware of some of the fallacies of antiseptic surgery, believing that mine is not an *experientia fallax*, I feel confident that an early future will prove, that quinine and tar-water will be more relied upon than any other remedies, even in ovariotomy, to prevent any of the dangerous consequences which follow surgical cases.

It seems scarcely necessary to add that the mere administration of only quinine and tar-water are not sufficient to ward off danger; for the intelligent surgeon will not omit hygienic measures, or the *ultima thule* of all good practice, "to do all in our power to improve, strengthen, and to brace up the energies of the system, in order that they may combat the tendency to death."

Digitized by Google

REPORT OF THE SECTION ON GYNECOLOGY FOR THE SEVENTH CONGRESSIONAL DISTRICT.

By S. H. STOUT, M.D., Roswell.*

In the literature of our profession at the present day, a sober statement of facts, after a careful and intelligent observation of a group or series of them, is of prime importance. Too many hastily rush into print with isolated facts and single cases, upon which they build novel theories, and from which they announce deductions that are misleading to the inexperienced practitioner. Too many active practitioners of intelligence are prevented from publishing much that is valuable that has fallen under their observation, by the want of leisure to prepare articles for publication, or are deterred from printing them by a morbid modesty, or a fear of adverse criticism.

In the field of gynecology, nearly all the literature we now have, emanates from professors in medical colleges, and from hospital physicians and surgeons in the large cities. Few, very few, of those laborious, busy practi-

Note.—In the published Transactions of the Association for 1880, the writer of this report is geographically misplaced in the Fifth Congressional District instead of the Seventh. He was requested by his confreres, Drs. G. W. Holmes and W. B. Wells, to prepare this report. Owing to the difficulty of prompt communication with those gentlemen, and the fact that this report has been prepared in the brief intervals of leisure, snatched from the midst of the onerous demands of an active country practice, it was not completed in time to be submitted to them for approval or dissent.

* Now residing in Chattanooga, Tennessee.

Digitized by Google

tioners, who, in private life faithfully watch at the bedside of parturient women; treat them and their offspring when diseased; and are charged with responsibility for the sanitary condition of the families in which they practise, and of the communities in which they reside—even after years of extensive experience and intelligent and conscientious observation,—ever "take a pen in hand" to note the results of their life-time labors, and to give the world the benefit of the knowledge of diseases and their prophylaxis and treatment, which they have acquired at the bedside of their patients.

There are several reasons which deter intelligent private practitioners of experience from making publication of their observations:

First. They have in general but little time to spare for careful composition.

Secondly. Years of daily contact and combat with human suffering—while they do not diminish admiration for the science and art of medicine,—tend to abate that enthusiastic confidence in the certainty of results which is often cherished by the younger members of the profession. Age and experience make men cautious of committing themselves to a new theory or a new practice.

Thirdly. It is too often the case that the aged members of our profession allow themselves to get behind in their information as to medical progress and discovery; and it is, therefore, the almost universal habit of the junior members of the profession to charge the aged practitioner, who insists upon pursuing old practices which have proven successful in his hands, with "old fogyism;" without regard to the habit of mind of such a practitioner,

Digitized by Google

whether he is wide awake to progress, or wedded to the old, simply because it is old. The wide-awake, active laborer in the field of family practice, is loath to publish his experiences, in the face of the army of gynecological specialists and womb surgeons, who, in numerous instances, seem to think they can most advance science by degrading the old family physician in the estimation of his patrons.

For many years past, I confess these considerations have been allowed to unduly influence me to refrain from making contributions to medical literature. Perhaps I could not have been stimulated to prepare this paper, had not the Association, at its last meeting, honored me by designating me as a member of a committee to make a report upon gynecology. Premising this much, I proceed to say:

First. That I have to report to the Association, as the result of careful observation and thought during a period of forty-one years of earnest study, and thirty-five years of active practice of medicine, that it is my conviction, there has been no movement that has done and is doing more to demoralize the legitimate practice of medicine, and to cause popular distrust of its merits, than the attempt to set up gynecology as a distinct specialty to the practice of which individuals may exclusively devote themselves. This cannot be done in justice to nineteen twentieths of suffering females, whose care in diseased conditions can never be safely allowed to wholly pass from under the family physician.

The general practitioner, as in cases of male patients, often has need of the operative skill of the surgeon, in

Digitized by Google

treating cases involving the genitals and reproductive organs of females. Ovariotomy, elytrotomy, vesico-vaginal fistula, fistula in ano, etc., etc., belong to the legimate field of the operative surgeon, who, when called in to operate, should always, if possible, be in professional consultation with the family physician. Distinguished operative surgeons have not the time, and their occupation forbids the opportunity, for observing so well the many forms and varities of disease, not requiring surgical interference, that afflict females, and are daily met with by the family physician. He may be a brilliant and successful ovariotomist; creditably perform feats of dexterity in excising uterine fibroids, and in treating vesico-vaginal fistulæ; and vindicate his claim to genius for mechanical invention in the planning and shaping of instruments; and yet be incompetent to treat many cases of dysmenorrhœa which the general practitioner meets with in his daily rounds, and relieves by medical and hygienic means, unaided by surgery.

When surgeons essay to set themselves up as specialists in, and claim the right to occupy, the whole field of gynecological practice, they inflict unnumbered woes upon suffering women. I do not charge a willful intent to do mischief upon honest gynecological surgeons, who have lent and yet do lend their approval to gynecological specialism. If it were not for fear of the charge of uncharitableness, I could mention a number of honored names, of surgeons, who deserve professional praise, and have justly earned it, by their discoveries and improvements in operating, who, not desiring it, have been and are quoted as favoring the practice of gynecological specialism. Could they occupy my standpoint of observation, and see the evils wrought

Digitized by Google

by the quotation of their names by mountebanks and other quacks (graduates and non-graduates of regular schools of medicine), they would join me in the active denunciation of the attempt now being made to educate and train medical students into special gynecological practitioners, and in denying them the title to popular confidence—of those men, who now increasing in number in the cities, are advertising themselves openly and secretly as specially devoted to, and skilled in the treatment of, diseases of females; in other words, as "gynecologists" *par excellence.*

We have too much special teaching of junior students in some of our medical schools. The time of students, during their too brief pupilage, is too much occupied in witnessing operations of an extraordinary character, and in the details of extraordinary cases. Too little time is occupied in teaching the rudimentary principles of medical science, and too many graduates are sent out but little skilled in diagnosis, who are zealously "on the hunt" for extraordinary cases, fully armed and equipped with a formidable armamentarium, which they expect to have a daily use for. When—after he has indiscriminately "poked" and probed the wombs of his patients and zealously made numerous examinations per speculum—a superficially educated M.D. awakes to the reality that he has been generally unsuccessful with his surgery, and that numerous female patients have lapsed from his hands,—he begins, if honest, to suspect that he is not grounded in the principles of medicine, and becomes an earnest student of anatomy, physiology, pathology, therapeutics and diagnosis. But, if not conscientious, he often embraces the dogmas

Digitized by Google

of irregular practitioners, and enlists in the numerous army of quacks, which is zealously in aggressive warfare against common-sense philosophy in medicine and rational practice founded thereon.

I therefore appeal to the eminent men who have won honors as gynecological surgeons, to discountenance gynecological specialism; and to the faculties of our medical colleges, to correct this growing evil, by insisting upon their graduates acquiring a comprehensive knowledge of the principles of medicine, before elevating them to a professional peerage with the studious and faithful general practitioner, who at last is the principle laborer that has to illustrate the value of scientific medicine, to uphold the dignity and honor of our profession, and enforce its claim to the respect of intelligent men and women everywhere.

The general practitioners (the family physicians), of every locality, must protect their patrons against the evils growing out of gynecological specialism. To do this, they must keep themselves informed in the literature of the profession, weigh well every proposed improvement in practice, and adopt it, if in accord with common sense and founded on scientific truth. Each one must throw around his female patient the guardianship of a spirit imbued with a laudable zeal for progress in science, and a conscientious determination to devote his mental energies to the amelioration of her sufferings. In the confidential relation of family physician, he has better opportunities to diagnosticate her complaints, and to bring to bear, in aid of her cure, mental and moral means which the gynecological specialist in a locality distant from her home cannot command. He can, if he will, more easily inves-

Digitized by Google

tigate the etiology of her case. He can more certainly ascertain what are her hereditary tendencies and her natural and acquired idiosyncrasies, and, therefore, can more judiciously direct the treatment of her case, than can any stranger, specialist. He can and ought to instruct his patients in the prophylaxis of female diseases. This the specialist cannot do so well. He can (and he ought to do it), by his own skill and faithfulness as a medical adviser, demonstrate to females who consult him, that to the many "ills her flesh is heir to," the infliction of gynecological specialism is not a legimate addition. He can demonstrate that all of a woman's organism is not merely womb, —that she has other viscera, and bones, muscles, blood-vessels, nerves, a brain, a spinal chord, etc. He can protest, as the writer is now doing, to the honorable members of the profession against the legitimacy of gynecological specialism. He can (and ought to do it), in daily practice, demonstrate and expose mercilessly, the ignorance and knavery of the mountebanks, who by public and secret advertising, entice unwary and suffering women away from their homes to be treated for diseases more easily managed at home.

The gynecological surgeon and the family physician, if the former comprehends the ethics of his relationship to the latter, can harmonize in consultation,—and in the treatment of a case, can heartily co-operate. But, if the former essays to practise gynecology as a specialty, and in pushing his claims to the confidence of the community, implies that, in the medical as well as the operative chirurgical treatment of the diseases of females, he is an oracle to whom the family practitioner should ever yield;

Digitized by Google

he tramples upon the ethics that should govern every honorable medical practitioner, makes war upon the family physician, and attempts his degradation. For which violation of medical ethics, every honorable family physician is justified in ignoring and condemning him in turn.

SECONDLY. I further report, that since gynecological surgery has come so much into vogue, in my opinion the malpractice of pretenders and mountebanks has grown into a wide-spread evil, which calls for efforts to suppress it.

The following are a few of the cases that have come to my knowledge in the last several years, illustrative of the wide-spread malpractice that the females of the country are subjected to, in consequence of the wide-spread gynecological "craze" that has taken possession of their minds under the teachings of the pamphlets and other publications of mountebanks, and pretenders in practice, and the advertisements of vendors of pessaries, supporters, and other mechanical appliances for the correction of malpositions and distortions of the womb.

CASE I.—Six years ago, when passing the residence of Mrs. M., then a stranger to me, I was requested to extract a tooth for her. I found her to be a wretchedly emaciated specimen of humanity. She was pale and anæmic, weak and nervous. Upon my remarking her emaciated condition, and inquiring what had brought her to that state, she said somewhat spitefully, "Doctor, I called you in to pull a tooth. I never intend to allow another physician to treat me. Some years ago I was taken with a flooding. I have been under the treatment of numerous doctors,"—naming several regular graduates and irregular practi-

Digitized by Google

tioners,—"I have been burnt with caustics, and poked with probes, and made to wear various bands and instruments outside and inside my body, and swallowed enough nasty-tasting medicine to start a drug store. I am done with doctors in my case." A few questions addressed to her satisfied me that hers was a case of simple metrorrhagia, which, originating in a miscarriage during the early months of pregnancy, had been kept up by efforts, long persisted in, to relieve her, by surgical treatment; by unnecessarily-frequent vaginal examinations; by caustic applications to the neck and tents in the mouth of the womb; a pessary being worn at intervals to keep up the supposed-to-be prolapsed uterus. She had never been impressed with the importance of rest as a means of arresting hemorrhage. I extracted her tooth as requested; volunteered to remark, that she had good reason to dread the doctors after such an experience, and told her that rest, when hemorrhage existed or was threatened, was important to her safety; that she would derive much benefit from applying quickly a towel wet with cold water to the spine (followed by rubbing with a dry towel) every morning before putting on her clothes; that it was important that she should eat nourishing food. I left her, receiving thanks for my volunteered advice. About eighteen months afterwards, I was called to see this woman, who was miscarrying at about the eighth week of pregnancy. She was then a robust-looking woman, weighing at least fifty pounds more than when I first saw her. She informed me that she had followed the simple treatment I had recommended, resulting in her restoration to robust health. I learn that she has since carried a child to

Digitized by Google

the full term, and enjoys as good health as any of her neighbors.

CASE II.—Mrs. B., aged about twenty-four years, was an operative in the cotton factory, previous to her arrival at puberty. Before and after puberty she complained of cramping in her legs, which often disabled her, and sometimes confined her to bed for weeks at a time. The attacks of cramping were exacerbated about the time of the catamenial flow. The cramping extended gradually upwards, and at last involved the bowels and stomach. Vomiting and nausea became so frequent and severe that nutrition was impossible, and she became so emaciated as to be bedridden for nearly two years. She was treated by every physician she had consulted, for prolapsus of the uterus. One of these, an irregular practitioner, at whose residence she was under treatment for several months, assured her that he had "put her womb back" on several occasions but "could not keep it there." For several years, she had received no benefit from treatment. Three years ago I was requested to see her, with Dr. Howell, of Alpharetta. Examination per vaginam disclosed to us the fact that the virgin womb was normal in position, size and shape. The history of the case gave rise to the suspicion that this was originally a case of phlebitis, and minute examination confirmed it. The symptoms could all be accounted for on this hypothesis. Remedies were directed in accordance with it, and the womb was let alone. When last heard from, a few months after I saw her, she had greatly improved and bade fair to recover. Ergot and iodide of potassium were used, to meet the indication to remedy the chronic phlebitis.

Digitized by Google

CASE III.—Mrs. S. is a woman of great sprightliness of mind, thin and spare-made. She has borne several children, about whose welfare she is intensely concerned. Before marriage, she suffered much from gastric trouble, especially at her monthly times. Her father, a brother and sister are all subject to gastric disorders. This patient is often afflicted with subacute gastritis, and always has had to be particular as to her diet. At her monthly periods, this subacute gastritis is often aggravated. She has been told by practitioners—regular and irregular—that she had falling of the womb. Vaginal examination, since she came under my care, develops no displacement, distortion or abnormal engorgement of the womb. She inherits a nervous temperament, and a tendency to gastric disorder. Treated for subacute gastritis, she is now comfortable, and, instructed as to prophylaxis, she enjoys life. She is hopeful of living to rear her children, now that she is relieved of the belief, that her "womb is all out of fix."

CASE IV.—Mrs. G., a widow for about twelve years, and aged about thirty-one or thirty-two, was a factory operative. Her occupation required her to sit while at work, and in a position reclining forward. She is a tall, spare-made woman, very much bleached complexion; inherits a nervous temperament and a decided tendency to insanity. She has long suffered from occasional loss of appetite, which lasting for several days sometimes, weakened her very much, and increased her nervousness. She had frequently had a mild form of chorea, affecting the muscles of the face and one side of the body. The menstrual flow had always been regular. Had never had leucorrhœa.

Digitized by Google

While in attendance upon her sister, who for many years had been subject to convulsions, provoked by dysmenorrhœa, Mrs. G. was much under my observation. I frequently prescribed for her gastric troubles. Satisfied from the rational symptoms that there was no necessity therefor, I refused to make an examination per vaginam. Imagining that I was unwilling to treat her case, she sought successively the advice of three physicians, and, during a period of about eighteen months, was treated for some sort or other of womb disease. She had been impressed, from reading the pamphlets of the quacks and advertisements of the vendors of uterine supporters, that her only ground of hope to live was in surgical treatment. This impression was confirmed by the conversation of some of her female associates, who, having been subjected to surgical treatment for womb diseases, were zealous to have her submit to it also. When at the expiration of eighteen months she and her relatives begged me to take charge of her case, I found her a monomaniac upon the subject of the diseased condition of her womb. She had been wearing a Babcock's supporter. The neck of the womb was creased by the impaction of one side of the cup of the supporter against it. The clitoris was enlarged and in a state of hyperæsthesia. Symptoms elicited during a vaginal examination gave rise to the suspicion that she was a nymphomaniac, in consequence of the previous frequent manipulation by some of her medical advisers, and the presence of the stem of the Babcock's supporter for so long a time in the vulva.

Satisfying myself that her case did not require surgical treatment, I abstained from all surgical interference—

Digitized by Google

addressed remedies to her stomach, and by moral means treated her monomania. This treatment, with antaphrodisiacs (camphor and laxatives, chiefly), after several months wrought a marked improvement. She removed to another locality, where she recovered sufficiently to return to her occupation.

This was another stomach case, and not a womb case. In this, as in Case III., the nervous symptoms were certainly such as should be declared hysterical. There was a loss of will and control over muscular movements and the emotions. Yet the exciting cause was neither organic nor functional abnormity of the uterus. Heredity was the predisposing cause; gastric disorder and the consequent weakness of the body due to failure of nutrition, was the exciting cause of this patient's hysterical symptoms, viz., her chorea, palpitation of the heart, globus hystericus, and mania. The exaggerated impressibility of her nervous system (which then exists in all women to a greater or less degree) during and about the time of the catamenial flow, and the surgical manipulations and appliances, were potent aggravating causes.

To these cases I might add numerous others, indicative of the wide-spread malpractices in the treatment of the diseases of women, by mountebanks, and inexperienced and non-thinking physicians, claiming recognition as graduates of regular schools of medicine.

In years anterior to the late war, when few wielded the amputating knife and saw, I remember how popular *eclat* sought by ambitious pretenders, was freely accorded to those bloodthirsty operators whose dexterity was exhibited

Digitized by Google

in the sacrifice of limbs, which enlightened conservative surgery of the present day would save. Conservatism has done more to ensure confidence and respect for our surgeons, than the performance of capital operations that were formerly so eagerly sought after, to the end that the praises of wonder-loving bystanders and attendants might follow. And I venture to predict that gynecological surgeons, who now seek with so much assiduity a professional and popular notoriety, by resorting to surgical operations and appliances, in almost every case of female complaint, are doomed to an unenviable fame, as time rolls on with its enlightening power. Conservative gynecology will as certainly supersede rash gynecological surgery, as modern chirurgical conservatism has superseded the rash and needless operations, salves and plasters of the barber-surgeons of the medieval period. It is the rational boast of the modern surgeon that he now saves parts, which his predecessors often rashly sacrificed or marred.

The time is fast approaching when enlightened gynecologists will boast of their success in the medical and hygienic treatment of the diseases of the female reproductive organs, and surgical means will be less frequently resorted to than now. Already Dr. J. Marion Sims' operation for stenosis of the cervical canal is almost obsolete. A resort to tents in the uterine cervix, has not met the sanguine expectations of their zealous advocates. Useful for certain purposes, they have been found to be hurtful in many cases. About thirty years ago, enthusiasts found, in almost every case of female complaint, ulcerations of the os or cervix uteri, which were, in their opinion, as fruitful of mischief to a female so afflicted, as if she were

Digitized by Google

wearing a shirt of Nessus. Those enthusiasts made haste to destroy them with caustics, and rushed into print to announce the amazingly happy results. According to those contributors to clinical gynecology, and fanatical pamphleteers, almost every woman complaining of menstrual irregularity, whether slight or grave, was subject to the suspicion of harboring one or more of those wonderfully mischievous ulcers of the cervix and os uteri, which justified a resort to a specular examination, whenever a woman complained to them. Now, though these ulcers do sometimes exist, and are sources of trouble to our patients, how rarely do we meet with them, or see any report of them in print, from our zealous gynecological writers! Gynecologists of specialistic ambition now daily aspire to "go up higher." Worthy votaries of science have expanded the canal of the cervix, explored the cavity of the uterus, and thereby added to our knowledge of the morbid anatomy of that organ, and given us some valuable suggestions as to how to operate upon the diseased growths sometimes found therein. Honored, and deservedly so, are the names of many of these among enlightened men and women. But, because we sometimes meet with morbid growths within the uterus, and can scoop out fibroids with Thomas' scoop, does it follow that, when the rational symptoms of our female patients deny the existence of uterine fibroids, we must hasten to practise dilatation with tents and metallic stretchers and bougies, in a persistent hunt for them? So great was the craze to probe and explore the uterine cavity about ten years ago, a mountebank of that period gained many patients in several of the Southern States, and put much money in his

Digitized by Google

pocket too, by pretending to demonstrate with his sound, that the cavity of the unimpregnated uterus, in the living female, is normally nine inches in length, from the external os to the fundus. Females upon whom this mountebank pretended to have demonstrated this discovery, were his most enthusiastic admirers.

Convinced that there was more inside of their bodies than the world of mankind is willing to admit, many of his feminine dupes, whose wombs he had "poked" with an instrument nine or more inches in length, were zealous that every woman of their acquaintance should submit to have the longitude of her uterus measured also; thus rivalling the fox in the fable, whose tail had been cut off.

In gynecological practice, there seems to be no limit to suggestive ingenuity, in the invention and the modes of using surgical applications, operations and appliances, in the treatment of diseases peculiar to females. But it is also the duty of every humane physician, to inform himself as to how he can, in justice to his cases, avoid resorting to them, as well as how to use and perform them when needed.

In as much as its treatment by surgical means has of late received a large share of attention, I now propose to report to the Association, some of my experience in the medical treatment of

DYSMENORRHŒA.

Dysmenorrhœa has been the most frequent complaint of the non-pregnant female I have been called on to treat. I endeavor to study each case as *sui generis*—its cause or causes, its consequences, and its complications, all being

Digitized by Google

considered. In its management it is important to consider the family idiosyncrasies, hereditary and acquired, mental, moral and physical. The occupation, the ambitions, habits and surroundings of the patients, are important factors in the etiology of its origin, aggravation and persistence.

When I read the learned clinical lectures of many hospital physicians and college professors, and the works of authors, who have only had a limited experience in private practice, in the relationship lasting through years of a trusted family physician, I can but regret that they fall far short in detailing the many circumstances that provoke and aggravate and prolong cases of dysmenorrhœa, which it is in the power of the private practitioner to ascertain in each case, and to correct or take intelligent advantage of, in treating a patient suffering from dysmenorrhœa. Premising this remark, and forbearing to attempt to fully ventilate my views as to the pathology of the complaint, I will give a general statement of my practice in dysmenorrhœa, which has resulted satisfactorily in almost every instance in which I have had care of the cases as the family physician.

In every case of dysmenorrhœa, there is an indication to relax the womb. The pain in dysmenorrhœa is due to an ineffectual effort of the womb to exude into and expel from its cavity, the normal quantity of blood at each catamenial period. If there is a failure to exude, secrete or shed by rupture of the capillaries the requisite quantity of blood, there is a stasis of the blood in the vessels of the organ. Engorgement, or hypertrophy of the organ is the consequence of that stasis. Thickening of the organ, the develop-

Digitized by Google

ment of muscular fibre, as in pregnacy, is consequent thereupon. Hence, it becomes capable of contractions more or less violent, which are accompanied with severe pains, often more agonizing than those of labor. If the blood is exuded into the cavity of the uterus—and the cervical canal, the os internum or the os externum, or all of them, are too much contracted, either in consequence of spasm of the circular fibres situated there, or because of thickening of the walls,—the painful contractions of the body of the womb are ineffectual to expel the clots therein accumulated. Hence the patient's agony. Disturbances in distant parts of the organism are accounted for in part on the theory of reflex action of the nervous system. In part they may be accounted for as due to the superabundance of nutritious blood the womb has failed to pass off, over-stimulating the brain and spinal marrow. In the latter case we often meet with apoplectic symptoms, dilated pupils, stertorous breathing, coma and hemiplegia.

The chief indication in every paroxysm of dysmenorrhœa, is to relax spasm of the capillaries and of the womb itself; and when apoplectic symptoms are present, to derive the blood from the brain.

When the domestic remedies resorted to in every intelligent family—viz., the hot foot- and sitz-baths, hot fomentations, warm teas, and an active purgative—fail, and I find my patient so convulsed, or so threatened with convulsions, as to preclude the hope that milder remedies will relieve her, I immediately administer *tartarized antimony* in divided doses, half a grain every ten minutes, until vomiting is produced. She is then drenched with hot water until she vomits the hot water twice. After this she

Digitized by Google

is given some gruel, and if the nausea and retching persist to a serious degree, lime water and sweet milk are given, and a sinapism applied to the epigastrium. After the patient is nauseated by the medicine, she becomes relaxed, the pain in the uterus ceases, and she perspires profusely. Care must be taken to keep the patient out of draughts of cold air, and well covered in bed, until the menstrual flow for that period is completed. I have, in numerous instances, found the patient so insensible that she could not be induced to swallow, or her jaws so clinched they could not be opened. I have, in such cases, always been able to bring on emesis by injecting a solution of the tartarized antimony into her mouth, by putting the nozzle of a small syringe containing it into or opposite an interval between the patient's teeth. So satisfactory has been my experience in the use of this remedy in the convulsions of dysmenorrhœa, that I have never used any other for that purpose, since the first year of my practice. Nor have I ever used any other remedy to overcome rigidity of the os uteri in my obstetric practice. Administered in a case of dysmenorrhœa, or rigid os uteri during labor, it fills the indication; to meet which it is given promptly, and without any alarming prostration after the patient is relieved. In the numerous instances in which I have given it for rigid os uteri, I have never known my patient to vomit after she was delivered. In a few cases of dysmenorrhœa in which I have administered it, the patient has complained of retching (and occasionally vomiting), for ten or twelve hours after she was relieved of her uterine pains.

As my experience has been so uniformly satisfactory in the use of this medicine in overcoming rigidity of the os

Digitized by Google

uteri in labor and dysmenorrhœa, it may be interesting to the Association to learn to whom I am indebted for its suggestion. Soon after I entered upon my career as a practitioner, I happened to purchase some old volumes of the *American Journal of the Medical Sciences*, in one of which was a communication from Dr. Samuel Jackson, of Northumberland, Pennsylvania, (always thus designated to distinguish him from Prof. Samuel Jackson, long a distinguished Professor in the Medical Department of the University of that State,) in which he gave his experience, (which he asserted was uniformly gratifying), in the use of tartar emetic to overcome rigidity of the os uteri in labor. I adopted his suggestion in my midwifery practice, with the happy experience related above. Reflection upon its modus operandi and its specific local effect in labor, led me to use the medicine in dysmenorrhœa. The former indiscriminate and routine use of tartar emetic in every variety of sickness, threatening or accompanied by fever, brought it into disrepute, both among the populace and many worthy members of our profession. Now there are to be found among us many worthy practitioners of several years standing, who have never administered a dose of it. Yet, in many cases of disease of a sthenic type, it is invaluable in overcoming blood-stasis in the minuter vessels and capillaries in deep-seated parts of the organism.

In dysmenorrhœa, if the patient has headache or labors under stupor, I chiefly rely upon active bilious purgatives to remove it. From habit, and the fact that they are very prompt to act, I generally use Cook's pills, composed of equal parts of rhubarb, aloes and calomel.

Digitized by Google

To overcome the chronic engorgement of the womb, I have found uniformly gratifying results from the use of corrosive sublimate in a solution of iodide of potassium, so proportioned that the patient shall take from five to ten grains of the iodide of potassium and the sixty-fourth of a grain of the biniodide of mercury three times a day —the mercurial sublimate being converted into the biniodide of mercury, when dissolved in a solution of iodide of potassium.

When the specific effects of the mercurial are exhibited, this formula is alternated with a solution of the iodide of potassium alone, which I sometimes administer in company with tincture of guaiac.

To relieve local troubles, counter-irritation is sometimes resorted to. Antispasmodics are also sometimes needed. Oversight is sedulously exercised over the habits, employments, and associations of each patient, as common-sense, and a knowledge of the mental, emotional and physical peculiarities of each patient may dictate.

It is of prime importance that the patient shall be hopeful and cheerfulness encouraged in thought and conversation. The patient must give her medical adviser her confidence, and he must sincerely sympathize with her in order to retain that confidence. My uniform practice is to require that confidence, so necessary to insure successful treatment, in every case of dysmenorrhœa of long standing; for, the abnormal habits of the nervous system of such patients often continue to disturb them long after the removal of their original cause or causes. These often require a tedious course of combined moral and physical treatment to correct them. Those patients who have long

Digitized by Google

suffered from chronic engorgement of the womb, should be informed of the tediousness of the cure, growing out of the natural flow of blood to that organ at each catamenial period.

The family practitioner, fully installed and recognized as such, has many advantages in treating dysmenorrhœa that the hospital or dispensary physician cannot command, The experience of the former, in the treatment of dysmenorrhœa, and its hysterical accompaniments, should, therefore, be more gratifying to him than that of the latter. That results have been more uniformly favorable in my practice, than in that of our confreres at the great medical centers, in the treatment of dysmenorrhœa, is thus accounted for in part.

I will now close this report by a statement of my experience in

PUERPERAL CONVULSIONS.

I have been in attendance as accoucheur up to the date of the present writing (April the 12th, 1881), upon nine hundred and eighty-eight cases of child-birth of which I have records, besides a number not recorded, of miscarriages in the earlier periods of pregnancy. I have met with only six cases of puerperal eclampsia. In three of these I was in attendance as accoucheur. In two the convulsions came on twenty and twenty-four hours after delivery. In one I was summoned after the child was delivered, and the patient had had a convulsion. The management of two of the cases last mentioned had been in the hands of ignorant midwives. In one of the six cases, the convulsions set in at the very commencement

Digitized by Google

of labor, and before the uterine contraction had any perceptible effect upon the os tincæ. In two the convulsions set in just as the child's head strongly pressed upon and was stretching the perineum. In one case the fit came on after the head was delivered, and just as the shoulders were passing the soft parts. In two cases the convulsions came on in twenty and twenty-four hours after delivery, and just as each patient was lying down after going out of doors to evacuate the bowels. In both these cases no abdominal bandage had been applied, and the uterus was found abnormally enlarged, and lying obliquely across the abdomen, the fundus towards the left side. Of the six cases, three were white and three were colored. One of the whites was an intelligent, refined woman, and two were ignorant and unrefined. Of the colored, one was a delicately raised and petted house-servant; the other two were common field-hands, one robust and the other of average size and strength. Four of the six were primipara; two were multipara. The cases may be briefly described in the order of the time of their occurrence, as follows:—

Case. I.—A negress, aged about eighteen years, claimed to be only seven months gone in her first pregnancy—a petted house-servant, had been reared with the white children of the family—before marriage had often had hysteria. When I was called to see her, she complained of a choking, and a ball in her stomach—said she had no pain in her back,—her pulse was about 80, skin of normal temperature,—her nervous symptoms indicating hysteria; examination per vaginam disclosed no movement of the uterus, and none of the usual signs of labor. Administering

Digitized by Google

castor oil and assafœtida, she petulantly spat the dose out upon the floor. In a short time she had a convulsion, of the clonic type, that did not last long—pupils not dilated afterwards,—antispasmodics were administered with no abatement of her complainings. Again an examination per vaginam was made, without discovering signs of commencing labor. In a short time she was again convulsed, the paroxysm being quite protracted and violent,—she could not now be made to swallow. A vein was opened in the arm, and the blood allowed to flow freely until a small tin wash-pan was nearly full—relaxation appearing complete, antispasmodics were again administered—convulsions returned again and again, until the patient had six paroxysms in the course of eight hours. After five of these paroxysms I bled her freely. The quantity of blood let was enormous, and it is to be regretted that it could not be measured. I think it would be reasonable to state, that in the course of eight hours she was bled to the amount of at least one hundred ounces. After the first blood-letting, I examined the blood drawn. I was satisfied that the proportion of coagulable matter was unusually large. At the second bleeding, noticing no appreciable diminution of the coagulum, I was emboldened to resort to the third blood-letting, and so on to the fifth. I had once heard the late Dr. Charles D. Meigs, Professor of Obstetrics in the Jefferson Medical College, in a lecture on puerperal convulsions, say that his treatment was to bleed—bleed—bleed, until his patient was relieved or died. In this my first case, there was nothing else I could do. At the last blood-letting a vein was opened in both arms, and the blood allowed to flow until the patient was completely relaxed.

Digitized by Google

Her pulse at the last bleeding did not flag as much as it had done in my experience when letting blood to the extent of twenty to thirty ounces in the cases of robust male subjects. Examination per vaginam now revealed decided and unmistakable signs of commencing labor, viz., vaginal secretion and a relaxed and extensible state of the os tincæ, which was expanded to about the size of a silver dime. My patient recovered her consciousness completely, and after the last paroxysm of convulsions, at the expiration of five hours a perfectly natural progressive labor was completed—a living child being born. Excepting a slight convulsion reported to have occurred about twelve hours after delivery, she had as good a recovery as I ever saw in any primipara, and at the end of the month she returned to her usual work. She had no signs of anæmia, or other evidences of functional or organic abnormity.

Case. II.—This was a negress, a multipara,—a large robust woman, weighing perhaps 180 or 190 pounds—of a decided apoplectic predisposition. Twenty hours after she had been delivered by a negro midwife, who failed to apply an abdominal bandage, this patient had convulsions, just as she was about lying down, after having walked out of the door of her cabin to evacuate her bowels. I found her comatose—pupils dilated, the features of the face distorted as in hemiplegia, her pulse slow and laboring and about forty to the minute,—the uterus large and its fundus lying over in the left iliac region. Blood was immediately let from the arm, and allowed to flow until the patient returned to consciousness. The uterus was restored to the middle line of the body, and a broad bandage

Digitized by Google

was tightly adjusted around the abdomen. Twenty grains of calomel in combination with rhubarb and aloes was administered. This woman had a return of the convulsions four times. At every paroxysm blood was freely let—the quantity was so large as to appall her master, a very humane gentleman, who begged me not to kill his negro. Assured that there was no hope for her save by heroic blood-letting, I persisted until her paroxysms ceased to return. I was emboldened to persevere in this case by my experience with Case I. I had no consideration as to the quantity of blood let, but determined to be guided by the effect produced and the appearance of the blood after standing long enough to coagulate. In this case I was more bold and unhesitating in my blood-letting than in Case I. To the last the blood let was rich in coagulable material, and the patient's muscular strength was but little affected, though she lost more blood than was let in Case I. She had a good recovery, suffered from no signs of anæmia, and afterwards gave birth to several children in uncomplicated labors.

CASE. III.—This was a young negress, a slave of a very ignorant master. She was a primipara, and about twenty hours before she was attacked with convulsions, she had been delivered of a child by an ignorant midwife who had failed to apply an abdominal bandage. Like Case II. she was attacked with convulsions just as she was lying down after going out of doors to evacuate her bowels. This patient was small but not delicate, and about one eighth white blood. She was naturally of a dull mind. There was no stertor—no dilatation of the pupils. I had to bleed

Digitized by Google

this woman four times before the convulsions ceased. The womb, found enlarged with its fundus over in the left iliac region, was replaced in the mesial line. Antispasmodics and purgatives were administered, an abdominal bandage applied, and the recumbent posture enforced for about ten days. She recovered without any evidences of anæmia, and returned to her work at the end of the month.

CASE. IV.—This was a primipara, about twenty-five years old—a very ignorant woman of a very ignorant and superstitious family. While she was in the first stage of labor, I left her to be gone about half an hour—the fœtal head was high up in the pelvis and the os uteri relaxing very slowly. As soon as I left, as I afterwards learned, her relations began howling and moaning around her, charging me with having deserted her because I believed she would die. The patient was greatly frightened and frantically exerted herself in bearing down. Just as I came in sight, upon my return from visiting another patient who was very ill, she had a violent paroxysm of convulsions. I found the fœtal head impinging against the perineum, which was dry and unyielding. Her mind was as clear as it could be in her fright, after coming out of the convulsed state, her pulse excited to about 96 per minute, no dilatation of the pupils. I bled her to about thirty ounces, reassured her mind and gave her half a grain of tartar emetic. Having calmed her, I urged her not to bear down more than she could help. In about ten minutes the secretion began to flow from the soft parts, and she was delivered, in about twenty-five minutes after her single paroxysm of convulsions, of a living child, and had a good recovery.

Digitized by Google

CASE. V.—This was the wife of a toll-gate keeper to whom I was summoned after she had had a paroxysm of convulsions just as the shoulders of the child were passing into the world. She was a multipara. I delivered the placenta, which I found out of the womb and lying in the vagina. She was in a stupor, the pupils of the eyes were dilated, her pulse slow and laboring. I bled her once, to about fifty ounces. The stupor passed away, a combination of calomel, aloes and rhubarb was given in a large dose as a derivative. The patient had a good recovery.

The above five cases occurred in Middle Tennessee where I practised prior to the late war. The only case I have met with in Georgia during my years' residence in the State was—

CASE VI.—About one o'clock a.m., of Feb. 22d, 1881, I was summoned to visit Mrs. F., a primipara, aged about twenty-three years. She is a woman of much sprightliness of intellect—the daughter of a deceased physician whose orphaned family, this patient among them, are and have been for some years operatives in the cotton factory. She is a woman of taste and great mental activity. For a year or more prior to her marriage, she was compelled to give up her employment in the factory, on account of frequent attacks of chorea, with which she was afflicted, provoked by her anæmic condition. Under a tonic treatment, and attention to the correction of every disorder of digestion, she became free from attacks of chorea, and married. Once or twice during her pregnancy she had attacks of chorea, which (as I had found before, after using various drugs), yielded to two drops of tincture of

Digitized by Google

aconite, repeated if need be every ten minutes. During her pregnancy she became quite robust. A short time previous to her confinement she underwent much fatigue for a month, owing to sickness in her mother's family, from which she had not completely recuperated prior to parturition. I had looked forward to her travail with much anxiety, and encouraged her to keep up her courage by taking a hopeful view of the future. Her confidence in my judgment in the management of her case, was full and complete. From the time of my arrival at her bedside, the labor proceeded slowly, yet naturally. The presentation of the vertex was in the left occipito-anterior position. After the dilatation of the os was completed, the liquor amnii was discharged by a spontaneous rupture of the membranes. Rotation of the child's head had taken place; there had been no abnormal nervous symptoms. I had twice given her, at intervals of half an hour, two drops of tincture of aconite, by way of prophylaxis, and urged her to refrain, as much as possible, from bearing down. At this juncture, a messenger came to the door with an urgent request that I should go to see a sick man. I declined to go, but upon his again pleading that I should go out and talk with him about his sick friend, and send him some medicine, I yielded, and left my patient for about five minutes. Just as I stepped back into the room she became convulsed, the paroxysm lasting at least two minutes. I immediately opened a vein in her left arm, using my left hand as a bandage above her elbow until the frightened females present could recover presence of mind enough to supply one. The blood flowed freely from an orifice purposely made very large, to the extent

Digitized by Google

of about fifty ounces, before she became fully relaxed and returned to consciousness. Examination disclosed the fact that the fœtal head was firmly impinging against the unrelaxed perineum. Using lard very freely upon its internal and external surfaces, and encouraging her to resist bearing down as much as possible, I firmly supported the perineum with my hand. Determined not again to abandon my post at her bed-side, I sent for my obstetric forceps. In about twenty minutes, a strong uterine contraction took place, which sent the fœtal head down with great force against the perineum. The patient became again violently convulsed. I re-opened the vein in the arm, and let the blood flow freely to the amount of about thirty ounces. She again became relaxed. My forceps having come to hand, I at once placed the patient in position, and with only lay assistance (Dr. Green, my neighbor, had been sent for, but could not be found), I soon delivered her of a living boy, at about 9:30 o'clock a.m. About an hour after being put to bed she had another paroxysm of convulsions, but not of great violence nor long duration, immediately upon incautiously and quickly moving her legs. The vein was again opened, and the blood allowed to flow to the amount of about sixteen ounces. She was given fifteen grains of calomel and half a grain of sulphate of morphine, with two drops of tincture of aconite. She went to sleep, and from that time forward went on to complete recovery, without a single untoward symptom, more than is often met with in cases of first labor. Twice, by way of precaution, the catheter was used. There was, and is as yet, no sign of anæmia, and she seems to be in better health and stronger at the present time (nearly two

Digitized by Google

months since the birth of her child) than she has been for several years.

REMARKS.

I. Judging from the utterances of lecturers, and the teachings of authors, one would expect in an experience as extensive as mine, that there should have occurred more cases of eclampsia than the small number above reported.

II. Of the six cases, three only were in my hands during the delivery of the child. No preventive measures were, therefore, adopted in the other three cases. Beyond a doubt, two of these three by their own imprudence excited the convulsions, viz.: Cases II. and III. Case I. was, probably, not preventable. In Cases IV. and VI. the convulsions might have been prevented, had I not incautiously left my post, where I ought to have remained, encouraging the patients to refrain from bearing down; by comforting words preserving their morale; and by pressure with the hand supporting the perineum. Case V. might also have been prevented by the presence of a skillful accoucheur—attentive to every symptom, and ready to use preventive means.

The practical inference to be drawn from these facts, if my experience is an average one, are:

(*a.*) That puerperal convulsions do not complicate more than about six-tenths of one per cent. of the cases of childbirth.

(*b.*) That if preventive care is faithfully observed in every case, it is probable that this complication may be prevented, so as to reduce the occurrence of it to the ratio of one in a thousand.

Digitized by Google

III. The uniform success I have met with in combating puerperal eclampsia, is suggestive of several inferences of practical moment:

(*a.*) Of these cases, Nos. I., III. and IV. would, by the older writers on the subject, whose works were in the hands of students during my pupilage in medicine, have been classed under the variety they designated as hysterical. Nos. II. and V. would have been denominated apoplectic, and No. VI. as having some features of both varieties. Yet, all of them were treated essentially in the same way, and all of the patients owed their recovery to the free blood-lettings to which they were subjected. Hence, so far as the results of treatment can prove it, the practical inference is that the predisposing cause was the same in all the cases. They were cases having their origin in a condition of the organism common to all of them.

(*b.*) The recognition of two varieties of puerperal convulsions in practice is misleading, and tends, sometimes, to cause hesitation in the use of that remedy which is the sheet-anchor in this appalling complication of child-birth. If the nervous agitation of the system of the patient causes engorgement of the blood-vessels of the patient's brain, there are present symptoms of apoplexy. If it does not cause apopletic symptoms, it is only because the reflected nervous disturbances have not so profoundly affected the the cerebral circulation. Impressed by my reading with the notion, that in practice the hysterical variety must be distinguished from the apopletic variety of puerperal eclampsia, and recognizing my first case as of the hysterical variety, I attempted its treatment as such, until I was driven, by my failure and inability to

Digitized by Google

command any other remedy, to persist in heroic blood-letting until my patient was saved. The lessons this case taught me have never been forgotten, and every succeeding case has confirmed in my mind a conviction of their truth. Of these I enumerate:

First. It demonstrated to me that a delicate hysterical female laboring under puerperal convulsions may part with as much blood as would cause an ordinary healthy horse to drop to his knees.

Secondly. That in cases of puerperal convulsions, the blood is heavily loaded with coagulable plastic material.

Thirdly. It taught me that puerperal convulsions though often excited by the pains of labor, are not caused by them *per se*, and delivery of the fœtus is not absolutely necessary to ensure the patient's safety.

IV. Puerperal eclampsia may occur before labor fairly sets in, during any stage of labor, and after delivery. While the predisposing cause of puerperal eclampsia is the same in all cases, the exciting and aggravating causes are various.

To the enquiry, What is this common exciting cause? I have given much thought, and I have arrived at

A THEORETICAL CONCLUSION,

which satisfies me and has emboldened me to pursue the heroic practice above recited. I will attempt to explain that theory which, whether novel or not, I have arrived at by my own reflections upon the phenomena I have observed at the bed-side of my patients.

Woman's mission in life is maternity. Her organism and its instincts are wisely designed and adapted to this end. From her arrival at puberty until the menopause, if in

Digitized by Google

health, her peculiar organism is in preparation for the nourishing of offspring in the event of conception, or, is nourishing offspring either in uteri or at the breast. If not pregnant or lactating, periodical ovulation takes place in the ovary. To effect ovulation the organic instinct that directs the reproductive process, causes the provision of nutritive material for the development of ovules, and their further growth if they should become fecundated and be lodged (as it were, take root) in the female organism, whence, during gestation, they must derive their sustenance. Within the cavity of the uterus, and in the wall thereof, it is designed, in normal gestation, that fecundated ova shall take root. From the end of one catamenial flow, until the completion of the ovulation of the next period, the organism of every healthy non-pregnant female of child-bearing ability, besides nourishing itself, is making provision for the nourishment of another organism—to wit, a fecundated ovum, that may take root and gestate, within itself, until, having arrived at such a state of development, and being adequate to an independent existence, it is thrown off in the process of parturition, a ripened fruit of the womb.

Now, should it happen that no ovule is fecundated, or that a fecundated ovum fails to take root, so much of the accumulated nutritive material provided for the sustenance of a fecundated ovum, in the event that one does take root, is surplus. If retained in the organism of an ovulating woman, unappropriated by a fœtus, it provokes various abnormities of function (especially of the nervous system), with which all practitioners of experience are so familiar, that it is not necessary here to enumerate any of

Digitized by Google

them. As in the lining of the womb the ovum in normal pregnancy takes root, and from the blood-vessels of that organ, it is to receive its nourishment during the period of gestation, at each ovulation there is an afflux of blood to the vascular system of the uterus, and changes favorable to the lodgement of the ovum are begun in its mucous lining. Should there be a failure of lodgement in the womb (in normal cases) of a fecundated ovum, the organic instinct causes a shedding of the uterine lining, (which in normal pregnancy is probably developed into the tunica decidua), and a consequent hemorrhage takes place from the uterine vessels sufficient in amount to reduce the quantity of nutritive material circulating in the woman's body to that amount only necessary to the sustenance of her individual organism.

Menstruation of one monthly period being completed, the disappointed instinct of reproduction of the female organism begins repeating the germination of ovules, again making provision for the sustenance in the womb of a fecundated ovum, that may possibly take root or become lodged there. By the end of another month, the efforts of the instinct of reproduction result in failure of lodgement of a fecundated ovum in the womb, necessitating menstruation, or they culminate in effecting pregnancy.

If pregnancy occurs, and the organic instinct provides—in addition to what is necessary to the organism of the mother—nutriment of quality and in quantity suited to the healthy development of the fœtus, there is little disturbance of the mother's organism, and gestation proceeds to normal parturition with little discomfort, unless acci-

Digitized by Google

dent or supervening disease interrupt the normal condition.

It is probable that the morning sickness and nausea of the early months of pregnancy are, in many cases, safe-guards to the mothers, whose fœtuses fail to appropriate all the nutritive material their organisms provide over and above what is necessary to their individual sustenance. The inability to retain, and the loss of appetite for food, prevent the too great increase of surplusage of nutriment, until the organic instinct can measure out the exact quantity that is necessary for the comfortable normal nourishment of the mothers and the contents of their wombs. While this hypothesis satisfactorily develops to us the predisposing cause, and, in many cases, indicates the exciting cause of the morning sickness and nausea of the early months of pregnancy, it does not account freely for all the phenomena of many cases of obstinate vomiting in pregnancy, which so try the skill of the physician, and so often disappoint him in his efforts to relieve it. It is not necessary, however, to my present purpose to enter into a discussion of the aggravating causes of protracted and obstinate vomiting in pregnancy. Hence, I refrain and pass on.

Women, who, from any cause, suddenly miscarry during a previously normal gestation, in general lose more blood and suffer more from nervous disturbances than those who carry their children to the end of the full term of pregnancy. Why is this? The cause usually and truly assigned for the greater amount of flooding in cases of abortion, than in parturition at full term, is that (the rootlets, so to speak) the blood-vessels of the unripe ovum are torn in their continuity with the blood-vessels of the mother,

Digitized by Google

whereas, there is a natural separation of the blood-vessels of the ripe ovum from those of its matrix at the normal termination of pregnancy. And, furthermore, at full term the contractile power of the uterus is more developed, and more prompt in action, than when abortion occurs. Hence, the greater danger in the latter case of abnormal flooding after the delivery of the placenta.

In as much as during every stage of pregnancy the organic instinct has to measure out and supply the exact amount of nutritive material needed by mother and fœtus, it (the organic instinct) must diminish its production when not needed or appropriated by the fœtus, or a way must be opened for its withdrawal, either through artificial or natural channels, else its retention is a predisposing cause of nervous disturbance to the mother that is often provoked to an alarming degree by an almost insignificant exciting cause. In suddenly produced abortions, it is probable that the organic instinct purposely promotes enormous hemorrhage from the uterus, that the mother may be preserved from the evil effects of a retention of nutritive material the fœtus has without premonition suddenly ceased to appropriate. Many of the nervous disturbances observed in miscarriages, can be accounted for on the hypothesis, that the sudden and unexpected failure of the fœtus to appropriate its share of the nutritive material, leaving it in the mothers organism (which is inadequate to appropriate it), where it is liable, in co-operation with slight exciting causes, to provoke the gravest nervous disturbances.

Anterior to the normal termination of pregnancy (indeed, during every period of gestation), the organic in-

Digitized by Google

stinct adapts the quantity and quality of nutritive material to the wants of mother and fœtus. When the fœtus is ripe for parturition, and ceases to get its nourishment through the umbilical cord, the organic instinct of the mother's body provides for the waste and appropriation of the nutritive material not necessary to the normal sustenance of her organism, by the production of the lochial discharge and the secretion of milk.

All physicians of experience know how impressible is the nervous system of a parturient woman. When it is considered that there is at parturition a great change in the manner of disposing of a large part of the nutritive material the mother's organism supplies, it is wonderful that nervous disturbances are not more frequent and more grave than we generally meet with them. How exactly does the organic instinct provide the amount of nutritive material needed? How prompt it is in every stage of gestation to increase or diminish the quantity as the joint and relative needs of the organism of mother and fœtus may demand? How disastrous to both or to either, may be the failure of the organic instinct to promptly meet the demands of the organisms of both or either of them?

If before, or during, or after parturition, any exciting cause shall so disturb the nervous system as to interrupt the normal control of the organic instinct that presides over and directs the mother's nutrition, we may rationally look for grave and slight, nervous and organic, abnormities in her organism. The organic instinct may be so inactive as to fail to abate, at the proper moment of time, the supply of nutritive material, down to the normally needed quantity; or, it may be so abnormally active under pro-

Digitized by Google

vocation of disturbing or distracting causes, as to furnish a much larger amount of nutritive material than can be safely allowed to remain circulating in the blood-vessels of the puerperal woman. This abnormal activity of the organic instinct, in furnishing nutritive material, is truly wonderful in women laboring under puerperal eclampsia, as is demonstrated by the enormous blood-letting they bear, without at the time producing syncope, or afterwards causing them to suffer from anæmia.

Be the hypothesis I have entertained for thirty years,—and which I have in this paper endeavored to explain,—true or false, I have never read or heard any other that so satisfactorily explains the nature of puerperal convulsions, or accounts for the ability of subjects of them to bear the treatment which I have uniformly adopted in such cases, and with uniformly good results.

In my obstetric practice I have kept in view the above theory of the predisposing cause of eclampsia; and the prophylactic precautions deduced from it, which I have uniformly used, have enabled me to escape witnessing more than three cases of this complication of child-birth, occurring in patients that were in my hands as accoucheur, at the time of attack. Of these three, one may have been unavoidable. I am not prepared to say that the other two could not have been avoided had I been at my post at the bed-side of these patients. Of the other three cases, whose management while in labor I was not responsible for, the facts indicate that two brought on their convulsions by gross imprudence, against which they had not been warned by the ignorant midwives who attended them,

Digitized by Google

and one at the time of delivery had neither midwife nor physician in attendance during the delivery of the child.

I have not in this paper alluded to the often quoted assertion that puerperal eclampsia has for its predisposing cause the retention of urea in the blood. Admitting that chemistry has demonstrated the presence of urea in the blood of many cases of this disease, it is very doubtful if its presence is the predisposing cause of it. It is more rational to account for the presence of the urea as a sequence, than to assign it as the cause of puerperal eclampsia.

Digitized by Google

NÆVUS—AND REPORT OF CASES.

By W. F. WESTMORELAND, M.D., Atlanta,
Professor of the Principles and Practice of Surgery, in the Atlanta Medical College.

I do not propose in this paper to discuss the different varieties of nævi, their special pathology, mode of extension, etc., as this feature of the subject is well understood; but rather to impress the profession with the great importance of early and prompt attention to those forms of vascular growth requiring active surgical interference; and to illustrate its importance by the report of a few cases out of the many that have been submitted to me for treatment.

Practically, nævi may be divided into two distinct forms; in one the disease is stationary, rarely changing its shape, color or size without some accidental circumstance. To this class belong those wide-spread, diffuse or superficial cutaneous nævi—sometimes covering extensive continuous cutaneous surfaces—known as port-wine spots, spider-marks, etc., taking its name from the color or the peculiar shape of the discoloration. Usually, no treatment is required, or I should say, no treatment yet proposed has been sufficiently successful in removing the wide-spread discoloration, to give confidence to the profession. The other form, the one so frequently requiring the attention of the surgeon, and which we feel should rather be called

Digitized by Google

vascular tumors, or vascular growths, is by pathologists divided into three varieties—capillary, arterial and venous, the varieties dependent upon the predominence of the class of vessels forming the vascular growth. While these divisions are usually readily recognised, still, when the growth has existed for a length of time, or has been subjected to injuries followed by frequent hemorrhages and inflammations, or has reached great dimensions, it is often difficult to decide what set of vessels originally predominated. But, in the majority of cases, it makes but little difference what variety we have so far as treatment is concerned, if we are called before the tumor has reached any great dimensions, and often, even then, we adopt the same procedure, whether we have the capillary, arterial or venous varieties.

The great consideration, and the one I so desire to impress, is the great importance of at once destroying the growth, by some of the modes to be suggested later, just so soon as it is determined that the nævus has commenced growing.

My experience is, that the history of this form of vascular tumors are all about the same.

At birth, or soon after, a mother's-mark, as they are called, is detected, which for a longer or shorter time remains apparently stationary, sooner or later,—sometimes in a few weeks—again, years elapsing,—the little red or purple mark commences to increase more or less rapidly, and if left to itself, sooner or later reaching dimensions and producing deformities hideous in appearance, and remaining a constant menace to the life of the subject of the trouble. It does appear cruel in the extreme to the little

Digitized by Google

sufferer that often it has been made evident that the vascular spot is increasing in size—has commenced its growth —at a time when a slight operation attended with no danger, would promptly relieve the trouble with slight or no deformity, to sit idly by and watch its continuous growth until it has reached dimensions, which make an operation most difficult and dangerous, and after the best has been done and life saved, a needless and often a hideous deformity is the result of the delay. This, however, the surgeon cannot always control. In more than one case I have been forced, month after month, and in one case, year after year, to watch the more or less rapid growth, without being able, with all the eloquence and earnestness at my command, to impress the parents of the child with the importance of immediate surgical interference. One of the great difficulties in inducing parents to submit their children, is the fact that for a time, or at least until the tumor has reached considerable dimensions, there is no pain attending the growth, nor other interference with the general health of the subject.

Again, it sometimes occurs that the growth is so slow that those parents are not conscious of the fact that the growth is continuous. I have a case now under my observation, one, however, of very slow growth, in which the nævus is more than double the size it was twelve months ago, and still the mother is firmly of the opinion and candidly believes that the little tumor has not at all changed in size.

False or misdirected sympathy, after the judgment is convinced, sometimes leads to delays which result in permanent deformity, and entail great and unnecessary suffer-

Digitized by Google

ing upon the little patients. Twelve or fourteen years ago, I was consulted in two cases within a few months of each other. The children were about the same age, and both had a nævus, about the same size, upon the border of the upper lip. One was submitted at once to treatment, and with two needles at white-heat the vessels were destroyed in a few seconds, and the child recovered with a slight cicatrix, which a few years later was hardly perceptible.

The mother of the other child would not permit her "little darling *to be punished*" in any such way, and left the city. One year later she returned to consult me, and I was really shocked at the rapidity of its growth and the deformity that the child presented. A little net-work of vessels which one year before was not much longer than half of a pea, had grown to the dimensions of a walnut with a subcutaneous extension under the right ala of the nose in the direction of the eye, and had reached a point midway between ala and the eye. Even in this condition she would not have submitted the child to treatment but for an alarming hemorrhage, the result of a fall which ruptured some of the vessels of the tumor. The child was relieved after three operations, each one of which produced fifty times the amount of suffering that the operation one year before would have produced, and worse still, the mistake of the mother in refusing an early operation, entailed upon the child a permanent deformity—the result, a loss of a portion of the eye. I have but one rule when consulted in such cases. I first attempt to determine whether the nævus is stationary or increasing in size. If growing, I unhesitatingly insist upon active treatment for the arrest of development. If the growth is rapid it is

Digitized by Google

readily determined by its feel and appearance. If, however, the growth is slow or in its incipiency it is more difficult, and we are forced to rely upon the history of the case, the statements of the attendants, or better still, to wait a few days or weeks that we may judge for ourselves.

In many cases, particularly if the patient is so situated that it cannot be conveniently watched, and the spot is small, and in a locality where deformity would result from a slight growth, I feel we are not only justifiable in active interference, but regard it as the better course. I have, in several cases, operated under such circumstances, and in no instance have I had cause to regret it. The different plans that have been proposed for the cure of this trouble are so numerous, that I will barely have time to do more than allude to the majority of them;—each plan, however, having one of two objects, either the complete disorganization of the net-work of vessels constituting the tumor, or their complete extirpation, either with the bistoury, ligature or cautery.

When the nævus is small and confined to the true skin, that is, before the commencement of the subcutaneous development, it may be destroyed in various ways, and often by the most simple means. Vaccination, when the virus is inserted into the discolored spots, is frequently sufficient to destroy the little net-work of vessels. One of the difficulties, however, in using this as a means of relief, is the great tendency of nævi to bleed when incised. The little incision made to introduce the virus often bleeds sufficiently freely to wash out the virus, and thus both vaccination and treatment have failed.

Digitized by Google

In such cases I have found much more reliable, from one to a dozen punctures, the number dependent upon the size of the nævus, with needles at white-heat. This is almost universally successful in destroying the vessels, and without the suffering that many would suppose to be the result of such treatment. Others use the various caustics, as nitric acid, ammonia, the preparations of zinc, etc., etc., but my experience is they are by no means so reliable, and, then, the suffering to the patient is much greater than from the actual cautery.

Small threads of silk or cotton immersed in the preparations of iron, as the perchloride or commercial tincture, or other astringent substances, and passed through these small nævi, and allowed to remain until inflammatory action is set up, often consolidate the vessels and arrest the development. Various other plans of treatment have, from time to time, been proposed, but one or the other of those above suggested will, I am sure, be found sufficient to effect the desired object.

After the growth becomes well marked, and the tumor has extended itself to the subcutaneous tissue, or in cases where they have their origin beneath the skin, or in parts still more deeply seated, there are many things to be taken into consideration before deciding upon the best plan to be adopted in each individual case.

The plans of treatment most frequently suggested are: the complete removal of the entire tumor by excision or by the ligature; the destruction of the mass, either by the actual or potential cautery; the use of injections into the vascular growth, as the preparations of iron, for the purpose of arresting the development of, and consolidating,

Digitized by Google

the vessels; electrolysis, etc., etc. The locality, size and shape of the vascular tumor, its relation to other tissue, the extent that the true skin is involved, and the class of vessels that predominate in the growth, are all to be well considered before we can properly decide as to the best plan to be adopted in any one particular case.

Excision of the entire mass when practicable has many advocates as the safest, most rapid, least painful and the very best of all the plans proposed. There are, however, so many conditions that make excision impracticable, that in more than half the cases it cannot be considered. If the nævus is irregular, with extensions and projections so frequently seen, or if it is in a locality where the complete loss of tissue would result in great deformity, as where we have the arterial variety (true aneurism by anastomosis), cases in which numerous tortuous and enlarged arteries constitute the greater portion of the tumor, we cannot in such cases think of excision. In fact, excision should only be attempted under peculiar circumstances and in connection with some other mode, unless our incision can be made in the normal tissue, outside of the diseased vessels. If we can do this, everything else being equal, it is certainly the very best plan, there being no more danger from hemorrhage than from an incision in like tissue in any other locality. The ligature has many advocates, and when practicable, fills the indications most perfectly; but, like excision, there are many cases, perhaps the majority, in which it is not applicable. The actual cautery is applicable in a greater number of cases than any other mode; and although there has been, from time to time, a great prejudice against its use, particularly

Digitized by Google

in certain localities, still it is oftener used to-day than any one plan ever suggested. In connection with excision, it is particularly applicable in those formidable vascular tumors that I will allude to in the report of cases.

The potential cautery should, in my opinion, only be used in the very small nævi. In those large vascular growths they are very unreliable, and if not great care be exercised, serious or even fatal accidents may result.

I have never tried the injection of the perchloride of iron except in small vascular tumors, and in the majority of the cases succeeded in consolidating the vascular mass. Compression should only be attempted in cases where the tumor appears over the hard substance, as the integuments of the cranium. Even under the most favorable circumstances it is rather a doubtful mode, as it will be found difficult to graduate the compression, and, if large and irregular in shape, still more difficult to have the compression uniform over the entire mass. Electrolysis as a means of consolidating the vessels, and thus obliterating the tumor, is still practised by surgeons when practicable, in preference to any other mode. If, however, we have no experience, and are not familiar with the strength of the electric current we are using, we are more likely to produce with our needless the effect of the actual cautery than the more desirable electrolytic action. I have, in several small nævi, used electrolysis with happy results; and even where I had the effect of the actual cautery, with rather profuse suppuration, I had no reason to complain of the results.

Feeling, however, that we can better impress the members of the Association with our views as to the treatment of this

Digitized by Google

disease and the mode of conducting it, by the report of cases, we have selected half a dozen or more, not for any interest in any one particular case, but to illustrate some of the advantages of the different modes of treatment, and their adaptability to different stages or conditions of the disease.

CASE I.—Mr. H., of this city, consulted me ten months ago in reference to his child, six months old, for, as he called it, "a mother's-mark." Upon examination I found a scarlet-colored spot on the left side of the nose, about the size of the head of a large pin. Neither father nor mother could tell me whether the mark had increased in size or not, but both were impressed with the fact that the redness was more intense, and the mark more prominent on the skin, when the child cried. I asked them to return with the child in a week, which they did, and I found that the nævus had doubled in size in one week. The next day I destroyed it by puncturing it at two points with a small needle at white-heat. A small pledget of lint, wet in cold water, was applied to the burn, and secured by a piece of isinglass plaster, with instructions to re-apply it if it came off. In three or four days the child returned—the plaster was removed, and there was not a vestige left of the little vascular growth. A few months later I saw the child, and nothing was left but a little cicatrix, that very much resembled a small scar from chicken-pox.

CASE II.—In 1879, a mulatto child, two months old, was brought to my office, with a nævus just over the centre of the eye-brow. It was three or four times the size of the mark in Case I.; in every other particular it very much

Digitized by Google

resembled it. I performed the same operation as in Case I., making four instead of two punctures. Four or five days later I saw the child, and it was evident that the diseased vessels were only partially destroyed. My mistake was, that I had not penetrated deep enough. The subcutaneous vessels were already involved. A second operation, with a stouter needle, and two punctures extending through the thickness of the true skin to the subcutaneous vessels, was completely successful. I report this case to show the importance of always introducing the needles sufficiently deep to reach all the diseased vessels.

Vaccination, had it been successful, would have cured Case I., but would not have cured Case II. Small silk or cotton thread, saturated with tincture iron, and passed through the nævus to the depth of the disease, would have been successful, but the suffering would have been much more intense and continued longer, and the result most likely would have been much more unsightly. Nitric acid and such like substances would have been successful, but the increased and long-continued suffering, and the unsightly cicatrix which sometimes results from these caustics, have deterred me from their use.

The next two cases will illustrate a form that I have often met with.

Case. III.—Mr. B., of Cook County, consulted me in 1879 in reference to his son, four months old. Upon examination I found a tumor of purple cast, about the size of a large bean. The father stated that it had perceptibly increased in size for the past month or two and that it was

Digitized by Google

much larger when the child cried than when it was quiet. The feel was cavernous and puffy, disappearing under pressure, and rapidly refilling and assuming its former size when the pressure was removed. The treatment which was commenced at once, was the actual cautery with stout needles at white-heat. I passed them into the mass a number of times, continuing it until I felt confident that I had touched with the hot needles the entire diseased mass of vessels. Cold water dressing was at once applied, and frequently renewed. In three or four days a free suppuration set in, and for two days was rather profuse. I never saw my little patient from the day he left my office—the seventh day after the operation—for three years and a-half, and was surprised and gratified to find that the cicatrix, "the result of the operation," was hardly perceptible.

Case. IV.—Mary C., a mulatto woman, presented her child, one year and ten months old, at the College clinic, session 1875–76, for treatment. This case was similar to Case III., in the same locality, and about one fourth larger, with the same discoloration, so far as to the tumor proper, but in addition there was a scarlet spot the size of a pea, just above the border of the lip. The mother stated that the red spot had existed since the birth of the child, but at birth was not so large—that the tumor or growth had been increasing in size for several months. I treated this case by the injection of the perchloride of iron, by means of a hypodermic syringe, depositing two or three drops in half a dozen different localities in the mass of vessels. There was slight suppuration at the point where I introduced the needle—which was through the red spot. For

Digitized by Google

a few weeks I thought the operation was a success, but at the expiration of a month or five weeks, it was evident that the trouble was not relieved. Two more operations, similar to the first, with four weeks intervening, were necessary to effect a permanent cure. As will be seen, we adopted different plans of treatment in the two last cases reported, and that, although the cases were similar, the difference in the results was marked. The first was cured by one operation, and dismissed in a week; the other requiring three operations, and three months to effect the cure. There are but few mothers, however, who, if the two plans of treatment were suggested to them, but would select the injection of the perchloride of iron, with the idea that the suffering, both to themselves and children, would be much less, to effect a permanent cure, than with the actual cautery. But, from the report of the two cases, it is evident that the sufferings in the case treated by the actual cautery was much less than by the injection of the styptic. My experience is that nine times out of ten we will have the above results.

CASE. V.—The son of Mr. S., of Fayette Co., eight years old, was brought to the city in 1869, to consult me in regard to a rather large, irregular and mixed nævus of the scalp, about the centre of the left parietal bone. He had had several hemorrhages, two of which were profuse. He had two or three ulcerated surfaces, one of which was the size of a half-dollar. The tumor was irregular in shape, the size of a turkey's egg or larger, with the irregular projections. Two-thirds of the skin covering the tumor was involved in the disease. I decided to remove it with the

Digitized by Google

ligature, and as the tumor was oblong and irregular and the greater portion of the skin involved, I used the cutaneous ligature and made four segments. To do this, I armed a large curved needle with a double cord, one black (made so by immersing it in ink), and the other white; after elevating the tumor, the needle was passed through the sound skin on one side, passing entirely beneath the tumor and out through the sound skin on the other side—passing the needle through at right-angles to the long axis of the tumor; the needle with cords was passed through in this way three times, thus dividing the growth into four segments. On one side all the loops of the white cord were cut, and on the other side all the loops of the black cord were cut; each pair of white ends were now tied securely on one side, and each pair of black ends on the other side were securely tied in the same way; and thus the four segments were effectually strangulated. In a few days the strangulated mass sloughed without the loss of blood or other unpleasant symptoms, and the patient had a rapid and permanent recovery.

The two following cases we have had illustrated by woodcuts, taken from photographs, before and after the operation, to show the enormous size and the hideous deformity which we sometimes have from this apparently trivial commencement—a little discolored spot,—and to show the possible beautiful results that may be obtained, even after such enormous growth, by one or more operations.

Case VI.—June, 1859, Mr. H., of Gilmore County, consulted me in reference to his little daughter, thirteen months old. He gave me the following history: The child at birth

Digitized by Google

had a mother's-mark just over the eyebrow, about the size of a pea. For a time it remained stationary, but three or four months after birth he noticed that it was growing—or swelling, as he expressed it; the growth was very slow up to three months ago, since which time it has been very rapid. Upon examination I found a tumor of large size, extending from an inch above the orbital process of the occipital bone, to a point on a line with the ala of the nose on the left side. From a superficial examination it presented the appearance as if the entire mass passed out of the orbital cavity. A careful examination, however, made it evident that the eye and its appendages were intact. The eye could not be seen but by elevating the sac, or bag-like tumor, suspended over the eye. I could force my finger up sufficiently to feel the ball and to determine that it was not involved, but was fully impressed at the time, that the entire upper lid was involved. There were two discolorated spots, about the size of a five-cent piece. After mature deliberation, I decided to attempt to destroy this enormous subcutaneous net-work of vessels, by a succession of operations with the actual cautery needles. One great object was to preserve the skin to the extent possible, and to attack the tumor by passing the needles through the discolored spots, which must necessarily be destroyed.

The little patient was made insensible with chloroform, and, with needles at white-heat, I introduced eighteen or twenty through the discolorated spots into different parts of the tumor. By the constant application of cold water, by means of a pledget of lint, and an occasional anodyne, the child suffered but very little, sleeping the greater portion of the time for twenty-four hours. Four other

Digitized by Google

operations, similar in character, were performed at intervals, of from six to twelve weeks. The result was all that I could have expected. The eye was perfect, and the only defect was the upper lid which was a little stiff, but without a careful examination could not be detected unless she closed her eyelids, when it was very perceptible. The cicatrices at the points where the needles were so frequently introduced—the discolorated points—disfigured her to some extent. I proposed their removal, but the parents objected to the operation.*

CASE VII.—B. G., a colored man, of Clayton, Ala., twenty years old, consulted me at the clinic of the Atlanta Medical College, in January, 1880, for an enormous nævus of the upper lip. The history obtained from him was, that he had a lump, as he expressed it, and a discolored spot on his lip since his earliest recollection, but just at what point it commenced he could not tell; said that his mother told him he had a mark on his lip at birth. The extent and appearance presented by this enormous vascular tumor is better given by the wood-cuts, Figs. 1 and 2, than I could possibly give by words. Fig. 1, as will be seen, is a front view, and shows that the tumor not only involves the entire upper lip, but extends up, under and above the ala of the nose, on the right side, under the septum, separating it from the vomer, and extending from a-half to three-fourths of an inch in either nostril. The profile view, Fig. 2, was taken with a support—a thin piece of wood—held between the teeth, and

* As above stated, the photographs were sent to have wood-cuts to illustrate this case, but when they arrived they were so defective that I returned them with the hope of getting others, but, after waiting as long as the publication could be deferred, I am forced to go to press without them.

Digitized by Google

thus holding up the tumor that the entire bulk might be presented. Both show, in addition to the extensions above mentioned, an extension upon both sides of the cheek, some distance beyond the angles of the mouth. As can be readily seen from Fig. 2, he had several ulcerated points in different parts of the tumor, and also numerous cicatrices, the result of injuries received, and ulcers that had healed. He also stated that he had had innumerable hemorrhages, two of which were profuse—to the extent that, as he expressed it, "he bled to death"; that in the last, which occurred two months before I saw him, he was unconscious for forty-eight hours. He presented himself for treatment, and was willing to submit to anything that promised a chance of relief. It was evident that he could not live a great while in the condition above described—perhaps the very next hemorrhage would prove fatal, and might take place any day. And, then, to anyone with ordinary sensibility, the great suffering from the numerous ulcerated points, the great difficulty, annoyance and pain in taking his food—there being a constant dribbling of a sero-sanguineous fluid—and above all, the hideous appearance presented, made life unendurable.

Digitized by Google

FIG. 1.

NÆVUS—CASE VII.—FRONT VIEW.
(From a photograph.)

Digitized by Google

Digitized by Google

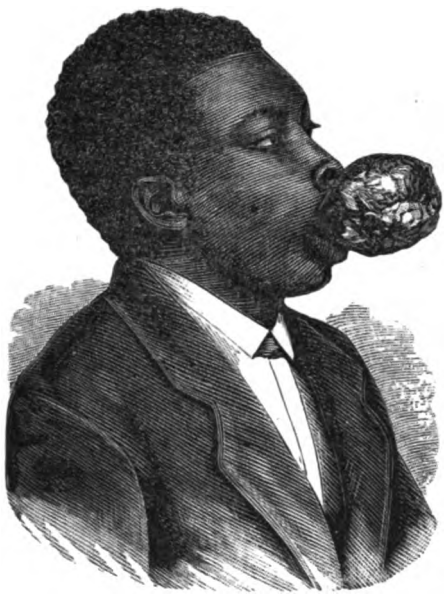
After deciding to operate, the next question was, what operation or operations would most safely fill the first and great consideration—save the life of the poor sufferer; and, secondly, that would make him most presentable after saving his life. I decided to attempt to enucleate the mass; not that I expected to remove all the diseased vessels, but to the extent practicable. In looking at the front view, Fig. 1, it will be seen that there was a considerable portion of the skin covering tumor—more on the left than the right, as shown in the wood-cut—that was comparatively healthy, that although it was studded with diseased and discolorated points, still I thought it could be made serviceable in arresting hemorrhage in an emergency, and possible be of use later in the formation of a lip. In profile view, Fig. 2, it can be seen that the mucous membrane presented a similar condition. In preparing for the operation, I had everything in readiness to meet any emergency: a full set of actual cautery irons—from needles up, and so arranged that I could have them at any desired heat; any quantity of well-prepared lint, saturated with the muriated tincture of iron; ligatures, sutures, etc., etc. Upon a careful examination it was found that while the veins predominated in the tumor, there were numerous tortuous arteries losing themselves in the mass of vessels. The coronary arteries on either side were more than twice their normal size. Feeling that no operation could be performed without the greatest risk, unless the supply of blood from these arteries could be controlled, I procured a clamp, one for both sides, by which the circulation in these arteries could, to a very great extent, be under the control of an assistant.

Digitized by Google

After every detail was arranged, the patient was partially etherised, and placed in a semi-reclining posture; the clamps were applied, and placed under the control of an assistant, whose duty it was to keep them in position and sufficiently tight to control the circulation of the superior coronary arteries. With a knife and a strong pair of curved scissors, I now rapidly enucleated the tumor in mass. When I say "enucleated the tumor," it is not strictly true, as much of the diseased mass was left, but the great bulk was removed, leaving two flaps—one made by cutting the mass from the skin, and the other from the mucous membrane. The projections of the tumor under the alæ, the vomer and vicinity, as well as the lateral projections in the cheeks, were left; and when the section was made, notwithstanding the fact that the coronary arteries were compressed, the hemorrhage was profuse. The flaps were separated by an assistant, and the actual cautery was applied to the portion of the tumor left, with the hope of arresting the profuse hemorrhage. Frequent applications of the actual cautery were made, and although the arteries were still compressed by the clamps the hemorrhage continued. Having failed with the red-hot iron to stay the flow of blood, I filled and packed the space between the two flaps, or skin and mucous membrane, with lint saturated with the muriated tincture of iron, and rapidly and securely brought the edges of the flaps together with the continuous suture. After inspecting carefully the stump, as I called it, which was now with the lint more than one-third the size of the original tumor, adding an occasional stitch to make it more secure, I removed the clamps, and I am sure

Digitized by Google

FIG. 2.



NÆVUS—CASE VII.—PROFILE VIEW.
(From a photograph.)

Digitized by Google

Digitized by Google

the blood lost after packing it did not amount to as much as half an ounce.

While the loss of blood during the operation was considerable, still it was not so much as I feared would be lost. He came out of the operation with pretty fair pulse and in every particular much better than expected. Four days after the operation I removed the lint without hemorrhage, cleansed the wound with carbolic acid, leaving the flaps alone. Twelve days after the first operation, I again etherised the patient, and with a number of stout strong needles, the size of a shoemaker's awl, I thoroughly destroyed all that portion of the vascular mass left from the first operation. The needles were passed under the alæ of the nose, the vomer, in fact every point where I could detect the disease. The needles were in every instance introduced between the flaps, and even where the flaps were punctured it was from the incised side. There was rather more hemorrhage in this operation than is usual with the needles; to the extent did it bleed, that I packed it as before, not however closing the flaps, but making two or three sutures to hold the lint in position. The flaps, and surrounding diseased tissue, had, in seven weeks after the first operation, greatly contracted; to the extent had the disease been relieved that a few days later, seven weeks and a-half after the first operation, the third and last operation was performed. The shape and appearance of the upper lip at this time was remarkable. It presented the appearance of anything but a lip. With a sharp knife the skin was detached from the malar bone, from the ala of the left side and vomer, and the incision so made that when brought

Digitized by Google

together we had the result represented by Fig. 3. As will be seen in this wood-cut, it was necessary to extend the incision into the nasal cavity, excising a portion of skin and mucous membrane. The patient was sufficiently recovered to leave for his home ten days after the last operation.

CASE VIII.—In July, 1880, I was consulted by Mr. B., of Troup County, in reference to his daughter, six or seven years of age. At birth her mother informed me that she had the discolorated marks the size of a five-cent piece, on the right labium majus. For several years she detected no change, but for the past two or three years they had been growing more or less rapidly. I found upon examination, the discolorated spots as large as a quarter of a dollar, with a very extensive vascular tumor, involving the entire labium majus and the upper portion of the labium minus extending out towards the groin down into the perineum to near the anus, and extending out to the border of the muscles. As the father lived some distance from the city, and being a man of very limited means, he insisted that if possible, he very much desired that the cure should be effected at one operation. The little girl was etherised, and with a sufficient number of needles, about the size of a shoemaker's sewing awl, so arranged that one or two could be kept at white-heat, the operation was commenced. Every portion of the tumor was attacked; the number of times the needles were introduced into the vascular mass, it is impossible to say, but several who witnessed the operation say that there were between ninety and one hundred punctures. To save the skin to the extent possible, I sometimes

Digitized by Google

FIG. 3.

NÆVUS—CASE VII.—AFTER OPERATION.
(From a photograph.)

Digitized by Google

Digitized by Google

introduced from ten to fifteen needles through the same puncture in the skin, passing them in different directions after entering the tumor. I have never seen the patient since the operation, but learn that she had a rather extensive suppuration, lasting for three weeks or more, and that she is entirely relieved of the vascular growth.

I could give many other cases of like character, but the above are sufficient to illustrate the principle that I so much desire to impress—that is, that just so soon as it has been determined that the nævus, however small, is increasing in size, we should immediately adopt active measures to destroy it. To temporize and delay action, will be doing our patients great injustice, as is fully demonstrated by the above reported cases.

Digitized by Google

Digitized by Google

NECROLOGY.

Digitized by Google

Digitized by Google

REPORT OF THE COMMITTEE ON NECROLOGY.

Your Committee feel it to be eminently proper that with each succeeding volume of Transactions of our Association we should continue to publish the roll of our honored dead, as a feeble tribute to their memory. And in transferring these names to this sacred roll, we offer the following resolutions:

Resolved, That in this sad bereavement we bow in humble submission to the inscrutable dealings of an All-wise Providence; and that in the death of Dr. W. J. Harrell, of Bainbridge; Dr. John B. Hendrick, of Covington; Dr. R. J. Bruce, of Thomasville; Dr. J. C. Habersham and Dr. Easton Yonge, of Savannah; and Dr. Robert Irvine, of Augusta,—this Association has lost some of its most able and valuable members.

Resolved, That we will endeavor to imitate their illustrious characters, their hightoned deportment, and their devotion to duty.

Resolved, That the unfeigned sympathies of this Association be tendered their bereaved families.

Digitized by Google

IN MEMORIAM.

W. J. HARRELL, M.D.

It is the sad and painful duty of the Committee on Necrology to come before this honorable body with its report clothed in mourning. Since our last annual convocation, the grim monster that wasteth at noonday has entered our ranks, and with his cruel scythe has cut down some of our worthy and valuable members.

Dr. W. J. Harrell, of Bainbridge, was with us at our last meeting, at Augusta, in all the bloom of a young and vigorous manhood; and to-day, while we enjoy each other's smiles and happy greetings, he sleeps in the cold and cheerless grave. His death adds another name to the long list of honored and devoted martyrs, who offered his life upon the altar of humanity, and died battling for the relief of his suffering fellow-men. We learn that exposure to severe vicissitudes of weather, prosecuting the arduous duties of his profession while he was unwell, superinduced a severe meningitis which terminated in his death.

Dr. Harrell was born in Decatur County, on the 8th of June, 1848, and at the time of his death was thirty-two years, seven months, and twenty-three days old. He received his literaty education at Washington College, Lexington, Va., and graduated in medicine at Jefferson

Digitized by Google

Medical College, at what precise date we have not been able to learn.

It is said by those who knew him best, that Dr. Harrell was in every sense the highest type of a professional gentleman. Since our acquaintance with him, as a member of our Association, he has adorned his profession by a hightoned deportment, and acceptably good behavior. As a citizen, he was said to have been progressive, enterprising and public spirited: that these several qualities were fully recognized among the people with whom he lived, his election to the mayoralty of Bainbridge for four successive terms, abundantly proves.

It is an inscrutable Providence to us, why one so young, so popular, and so useful, should be taken away in the prime and bloom of his life. But knowing that God is too good to do wrong, and too wise to err, we submit to His decree.

Digitized by Google

JOHN B. HENDRICK, M.D.

It is also the sad duty of your Committee to report the death of our brother, Dr. John B. Hendrick, of Covington, which occurred in the present year. And we beg leave to acknowledge our indebtedness to Dr. Henry Gaither, of Oxford, Ga., for the following beautiful tribute to the memory of Dr. Hendrick; though brief, it is so expressive that we have decided to submit it in Dr. Gaither's own language, as being more significant than we could put it, even though we consumed pages.

Dr. Gaither writes as follows: I have known Dr. John B. Hendrick long and intimately; have been often associated with him in the treatment of many difficult and dangerous cases; and have found him eminently judicious and skillful. He was just and honorable in his dealings with men, and an example worthy of imitation in his intercourse with professional brethren. He was forgetful of self in his absorbing interest in his patients. I never knew a more cautious and prudent physician, or a more unselfish and sympathizing friend. His place will be hard to fill, and his memory will be long embalmed in the hearts of his patients and friends.

Digitized by Google

R. J. BRUCE, M.D.

Dr. R. J. Bruce was born in North Carolina, September 17th, 1817, and was drowned in a ravine within the corporate limits of Thomasville, Georgia, during a dark and stormy night, May 22d, 1880.

Dr. Bruce, after receiving a common school education, commenced the study of medicine, and attended lectures at Transylvania University when the celebrate Dudley and his bright galaxy of able co-professors had elevated that school to the zenith of its justly entitled fame. He commenced practice in Stewart County, Ga., where he remained a year, and then came to Thomasville. Here he acquired a fair business, and at the end of six years he visited Europe and the hospitals in Paris. Returning home, he located in Marsfield, Louisiana. After a few years he returned to Thomasville, where he continued in active practice until the day of his untimely death. In July, 1852, Dr. Bruce was united in marriage to Miss Mitchell, of Thomas County, by whom he had a daughter and two sons. His eldest son, Dr. W. W. Bruce, is now a promising physician in Thomasville. The doctor was not only an experienced physician, but a surgeon of no ordinary ability, and had his educational advantages been equal to his native ability his name would have been recorded upon the list of distinguished surgeons.

T. S. Hopkins.

Digitized by Google

JOSEPH CLAY HABERSHAM, M.D.

Dr. Joseph C. Habersham, of Savannah, died on the 17th of January, 1881.

[The following report and resolutions are from the minutes of the local Medical Society of Savannah, and were presented by a committee consisting of Drs. J. C. LeHardy, R. P. Myers and T. J. Charlton. For a copy of the record in regard to this and the succeeding notice, we are indebted to Dr. J. Weichselbaum, Recording Secretary of that Society.]

It is the painful duty of this Committee to report to your Society the death of our fellow-member, Dr. Habersham, who has just been taken away from us in the prime of manhood. He, whom for so many years we were accustomed to see sitting at our weekly gatherings; he, whom we have honored by selecting him for our President,—is gone, and his place will know him no more.

His quiet and Christianlike life was marked by great devotion to the duties of his profession, and by his unremitting efforts to elevate the standard of medical ethics. Sensitive on all points of honor, he scorned and manfully discountenanced any degrading or dubious action; and though entitled by birth and by a thorough medical education to be in the foremost ranks, he moved unostentatiously among his acquaintances and patients, and has left in their recollection a pleasing and lasting impression.

Digitized by Google

He had the affection of a large circle of family and friends; and the depth of affliction caused by his death can only be estimated by the monument of affectionate devotion that crowned his last sufferings.

Dr. Joseph Clay Habersham, son of Dr. J. C. Habersham, grandson of Major John Habersham, of the Continental Army, and great grandson of Governor James Habersham, one of the first settlers of this State,—was born in Savannah, October, 9th, 1829. He studied his profession in Harvard Medical College, where he graduated in May, 1853.

Returning to his native home, he entered immediately the field of professional usefulness. In 1857, he married Miss Mary Ann Stiles, daughter of Joseph Stiles, Esq., of Savannah. In 1861, during the civil war, he offered his services to the Confederate Government, was made a full Surgeon, and in that capacity held various posts of trust and importance. At the termination of the contest, he again resumed the duties of his profession, and has been actively and successfully engaged until his last illness. In 1866, he was elected Vice-President of the Medical Association of the State of Georgia. He was elected President of this Society in 1876.

In 1870, the city authorities selected him to fill the important office of Health Officer, which position he held until 1875. In 1876, he remained faithful to his post, and was ever ready to heed and alleviate the cry of his afflicted fellow-citizens, during the direful scourge which decimated our city during that summer. In 1878, he was again selected to fill the position of Health Officer, and he held the office until 1880.

Digitized by Google

Resolved, That while we bow with submission to the decree of Providence, it is with sincere grief; and that in our hearts we will ever cherish with kindly affection and esteem the memory of our departed brother.

Resolved, That a page in our book of minutes be set apart to his memory, and inscribed with his name.

Resolved, That a copy of this report and resolutions be sent to his bereaved family, together with our heartfelt condolence, and that the same be published in the *Morning News*.

EASTON YONGE, M.D.

Dr. Easton Yonge, of Savannah, died on the 15th of February, 1880.

[While it is regretted that a more minute biographical sketch has not been obtained in time for publication, the following preamble and resolutions—from the minutes of the local Medical Society of Savannah—are here inserted in lieu thereof; the report having been presented by a Committee of that body, consisting of Drs. W. Duncan, J. C. Habersham and W. H. Elliott.]

Your Committee appointed to draft resolutions, appropriate to the occasion of the death of Dr. Easton Yonge, beg leave to submit the following report:

Dr. Yonge was esteemed as a gentleman of liberal and extended views, combined with superior literary attain-

Digitized by Google

ments, which were acquired through years of study and application.

As a physician, professional integrity characterized him in his daily intercourse; added to which, he possessed conservation of principles, which rendered his judgment sound and of much value.

As a member of this Society, he bore a conspicuous and prominent part in bringing about and cementing the union and fraternal feeling which has for so long a period existed among its members.

As a mark of the esteem and appreciation in which he has been held, the following resolutions are offered:

Resolved, That in the death of Dr. Yonge this Society is called upon to mourn the loss of a valuable member, whose life and example contributed materially to the dignity of the profession.

Resolved, That as a body we tender to his bereaved family our warmest sympathies.

Resolved, That the foregoing preamble and resolutions be spread upon the minute book of this Society, and also published in the gazettes of the city.

Digitized by Google

IN MEMORIAM.

ROBERT IRVINE, D.D., M.D.

"AND LUKE, THE BELOVED PHYSICIAN."

In the archives of medical biography are to be found many illustrious examples of distinguished men, claimed by us with pride while living and honored after death, whose lives had been devoted to other pursuits, and the record of whose chief prominence and usefulness had been made in other paths than those of the Healing Art.

Both from the living and the dead many honored names rise now to our memory, like witnesses coming forward to testify to the truth of this assertion :—Oliver Wendell Holmes, the poet, and the philosopher as well, of every household; J. G. Holland, the author of "Kathrina," and one of the leading *litterateurs* of the present time,—besides many others in both belles-lettres and science,—were each of them early devoted to medicine. They gained their first sturdiness in her nursery, each learning to soar on wings of inspiration that had been plumed in the nest of his medical Alma Mater.

But, as more pertinent to this occasion, and as an instance familiar to the present auditory, let us refer to one who long ago went out from our very midst—from the

Digitized by Google

R. Smith

Digitized by Google

Digitized by Google

R. Irvine.

ARTOTYPE. E. BIERSTADT N. Y.

Digitized by Google

Digitized by Google

circle of the most active members of this Association—the Rt. Rev. Charles Todd Quintard, M.D., D.D., LL.D., Episcopal Bishop of Tennessee. Some few, perhaps even now sitting here, can remember him well, as, nearly thirty years ago, an active, devoted and fellowly member of this Association,—as taking part in our deliberations, as joining in our discussions, leading our standing committees, and gaining our cordial suffrages to offices of high trust and honor. He was first our Secretary, and afterwards a Vice-President of this Association.

Looking down the dim vista of the distant and shadowy Past, the gigantic shades of many mighty men pass majestically before our eyes, whom we claim for our brotherhood, though on the world's wide stage their *role* had been far different from that of the medical practitioner. How plainly and approvingly was our profession signalized and perpetuated in one who had come out of our ranks, when by the pen of inspiration the tender appellative was given, "Luke, the beloved Physician"!

"*Nullum quod tetigit non ornavit*," was the highest praise which the most profound and yet the most chary of English critics could bestow upon the loveliest of English poets. "The Traveller," "The Deserted Village," "The Vicar of Wakefield," and his inimitable essays and comedies, have given to Oliver Goldsmith the place he must forever hold in the hearts and homes of succeeding generations, as well as in the temple of Fame. We still take care, however, *never to forget* that he, who "wrote like an angel"—who, "whether moving to laughter or to tears, was ever the powerful and gentle ruler of the passions," began his intellectual life by being rocked in the cradle

Digitized by Google

of the medical profession. We read with pride this chaste and classic Latin, prepared by Dr. Samuel Johnson for his monument; for, while it records him "*Poeta et Historicus*," it perpetuates "*Physicus*" also, as an equally important element in his triplicate grandeur.*

Multitudes of these master-spirits, living and dead, varied like the flowers of earth, and differing in magnitude like the stars of heaven, have given, and continue by their writings to give, light and happiness to generations now and yet to come. Among them we find good, quaint, old Sir Thomas Brown, with his "*Religio Medici*;" and that other and later Dr. Brown, with his "*Horæ Subsecivæ*;" and Charles Lever, "the Mad Doctor," writing a profound treatise at one time, and "Charles O'Malley" at another;—all maintaining, through medicine and other cognate studies in which they were engaged, a common, but in some cases an ill-assorted and varying, affinity with such illustrious names as McCosh, Paley, Goethe and Swedenborg,—and with Agassiz, Owen, Darwin and Huxley;—these last, profound philosophers in animal classification and in morphology—the most abstruse problems in the science of life.

But grandest and most wonderful of them all, is the beloved master and friend of the subject of our sketch, at whose feet he sat, like Paul at the feet of Gamaliel:—looming up from the mists of the not very recent past, we recognize the grand proportions of Sir William Hamilton, the greatest of the magnificent line of Scotch philosophers. While awed by the grandeur of his mighty shade,

* While the writer is aware that "physicus" here might be broadly rendered, "naturalist," it comprehends also the specific application, "*physician.*"

Digitized by Google

and filled with admiration for the wisdom and comprehensiveness of his profound philosophy, we are thrilled with pride and affection that he, too, like ourselves, began life and—as everywhere his illustrations show—*began his learning to think*, under the tutelage and guidance of the medical profession.

A host of other distinguished names, both dead and living, could be enumerated, who, as we have said, while claimed by us as physicians, have yet become better known in other departments of literature, science and philosophy.

Nearly allied, though in contrast rather than in similitude to this class, was the subject of the present sketch. Each one of the others, from the least to the greatest, began life, it is true, with the medical profession; pursued it for a while, and was then attracted into other walks,—in which becoming distinguished, they cast back a reflected light upon the pathways they had been earlier wont to tread. With him, it was far different. Already illustrious, and bearing with him a name and an escutcheon familiar and honored over two continents, yet his thirst for knowledge, his admiration for our methods of investigation, his full and unqualified endorsement of our ethics, and his profound love and sympathy with us in the noble charity and benevolence of our calling—long more or less familiar to him by frequent partnership with us in the common cause of Humanity—constrained him, late in life, to pursue medicine as a study, to fully identify himself with us, to claim fellowship, and to gain full recognition in our brotherhood. With him the love of the medical sciences seemed innate, and his devotion to their studies and pursuits, and the enjoyment of the companionships they gave

Digitized by Google

him, made for him a most happy but a hidden and unsuspected world—recognized only by those who met him on their common pathway.

While rich and luminous illustrations taken from biologic science would often surprise his hearers, by the familiarity with medical lore exhibited in the adornment of his wonderful pulpit eloquence, he was never a pedant or a babbler of technicalities. "The meekness of wisdom" was ever to be recognized in his conversation. It was adverse to his nature to assume the office of medical adviser, or to become the endorser of any medical "ism" or patent remedy or nostrum. He was ever strictly loyal to the profession he so much admired, and no one engaged in it, even as an avocation, could more jealously have guarded its honor, or more promptly have resented disrespect to the calling he loved. He ever claimed for our profession the exalted dignity, and for its members the high position of being co-workers with his Divine Master, "the Great Physician."

In his life as a clergyman, residing often in large cities, it was ever his delight to join unobtrusively the medical classes in their walks through the hospitals, listening to clinical lectures, and witnessing with deep interest the operations of some of the most distinguished men in our profession. It was thus he became the friend and admirer of Sir James Y. Simpson, and of his nephew, Alexander Russell Simpson, whom he afterwards called upon in Edinburgh, and by whom he was received and treated with the most friendly courtesy and distinguished respect. While pastor in Philadelphia, the lectures and brilliant operations of Professor Samuel D. Gross were often attended

Digitized by Google

by him, and his deep interest and accurate recollection of hospital scenes, both in Edinburgh and Philadelphia, were often the subject of surprise to his friends—as he would graphically dwell upon the incidents so unusual in the experience of a divine.

From an early period of his residence in Augusta, and of his pastoral charge of the First Presbyterian Church, Dr. Irvine was, by the cordial invitation of the Faculty, a frequent visitor and attendant upon the lectures and clinical exercises of the Medical Department of the University of Georgia. So deeply interested did he become through this occasional listening, that he determined, in the fall of 1878, to begin a regular attendance upon the lectures, and to complete the full course necessary to obtain the degree of Doctor of Medicine. His attendance, though often interrupted by the duties of his pastorate and the care of his large congregation, was surprisingly regular during the two years of his "life as a medical student." He evidently keenly enjoyed this period of pupilage as a revival of past days, and as the renewal of habits, exercises and associations long laid aside but ever remembered with pleasure. With the spirit of a true collegian, did he enter into his work. With all the mnemonic arts and appliances of a practised and life-long student and collector of *data*, did his mind register, retain, correlate and master, every fact, principle and argument that fell upon his ear.

His power of concentration, his imperturbable attention, his miraculous comprehension and thorough taking-in of all that was said, made him a wonder to the lecturers as well as to those he delighted, in his *esprit de corps*, to call

Digitized by Google

his "fellow-students." He, the ripe scholar, the erudite and expert critic, the practised logician, the profound thinker and splendid pulpit orator,—had found a new field to cultivate—a new world to conquer! And well did he lay himself out for the work in hand. His sturdy and commanding figure, as he moved among the striplings or as he sat upon the benches, with his pocketful of note-books for stenographic record of the lectures, was the object of special and kindly interest to every one.

His genial, simple and companionly manners, his hearty Irish humor and good nature, won upon his young associates, while his purity of life and conversation, and his devout character, made him everywhere an object of profound respect and confidence. To each lecturer his presence was a grateful stimulus. Each felt there was before him at least one auditor who could comprehend and appreciate the most abstruse problems of his department,—one who, though indeed an intellectual giant himself, and a dreaded lion in polemic debate, was yet, in his present humble search after truth, so deferential, so gentle and so meek, that even a little child could lead him in the unwonted path, which from love he was pursuing.

After more than two years of such diligent study and attendance upon lectures—taken upon himself *con amore* as an additional labor to the enormous work, pulpit and pastoral, of a large and exacting congregation,—Dr. Irvine, in all seriousness and good faith, formally applied for the examination, conditioning, ordinarily, the degree of Doctor of Medicine. No member of the Faculty ever thought for a moment of subjecting him to the ordeal of a formal examination, which he undoubtedly would have passed

Digitized by Google

most creditably. It was with difficulty that an intimate friend could convince him—such was his modesty, and so entirely had his expectations overlooked such a testimonial,—that the *honorary* degree was well deserved by him, more appropriate, and more in accordance with the wishes of the Faculty. This honorary degree was conferred upon him in the forty-eighth Session of the Medical College of Georgia, at the annual commencement in March, 1880.

In April of the same year, he made formal application for membership, and was unanimously elected a member of the Medical Association of Georgia. Many will remember the surprise pervading the large assembly of members and invited guests, when it was announced from the Chair, that "the Rev. Dr. Irvine, a member of this Association, will open the first session of the meeting with prayer." Many will remember his appropriate and fervent petition, his constant and punctual attendance, and his interested attention given to the reading of the papers, and to the discussions during the sessions of the three days' meeting in Augusta.

He loved the profession with which he had affiliated his own sacred calling, he thirsted for the unfailing springs of knowledge it opened to him, and his great mind rejoiced in the boundless fields of investigation and of thought thus laid out before him, as well as in the exhaustless sources of powerful illustration he knew so well how to utilize, in forwarding the momentous work of his Divine Master.

Still, as yet sketching only a portion of the medical element incorporated in the life of this most extraordinary man—some idea of the uses to which he was in the

Digitized by Google

practice of putting his acquired knowledge, together with some insight into the origin of his love and admiration for our profession, may be gained by a brief reference to one of his sermons. Though, indeed, most striking in the power and aptness of its illustration, it is but one of many, from which equally forcible figures could be drawn. The sermon is entitled, "ONE BODY";—the text being the first four words of Ephesians iv. 4: "There is one body, and one Spirit, even as ye are called in one hope of your calling:"

"The human body is a wonderful piece of mechanism. 'I will praise Thee,' says the Psalmist, David, 'for I am fearfully and wonderfully made.' Do we wonder that Dr. Paley, at the age of forty years, left his rich Rectory in England and went to the medical college, where he spent three years of a valuable life in the anatomical class and dissecting-rooms, examining the structure of the human frame, that he might give the world a treatise on Natural Theology,—the bulk of his argument resting upon the evidence of *wisdom*, *power* and *goodness*, displayed in the structure of the material body of man?"

"An eminent surgeon has said, 'I will tell you something about yourself,' and here is that something:—

'At the age of fifteen years, you have 200 bones in your body; you have 500 muscles; your blood weighs about 15 pounds; your heart is five inches in length by three inches in breadth; it beats 70 times each minute, 4,200 times each hour, 100,800 a day, or 36,722,200 times each year. At each beat a little over two ounces of blood is thrown out of it; each day, your heart receives and discharges about seven tons of blood. Your lungs contain about one gallon of air, and you inhale 24,000 gallons each day. The aggregate surface of the air-cells of your lungs, supposing them spread out, exceeds 20,000 square inches. The weight of your brain is about three pounds; at full manhood, it may weigh some ounces more. Your nerves

Digitized by Google

exceed 10,000 in number; your skin is composed of three layers, and varies from one-eighth to one-quarter of an inch in thickness. The area of your skin is about 1,700 square inches; and you are subjected to an atmospheric pressure of 15 lbs. to the square inch. Each square inch of your skin contains about 3,500 perspiratory tubes or pores, each of which may be regarded as a little drain-tile of about a quarter of an inch in length, and the entire surface of your body 201,166 feet, or a tile-ditch for draining the human body of noxious humors of about forty miles in length.'

"Such is the human body; and this grand piece of machinery is used by the apostle as a figure by which to exhibit the Church of Christ. It is made up of the aggregate of individual organs and members, each member fulfilling some important function in the economy of human life—each member in its place, and each performing some requisite office. - - - - For we are many members in one body, as we being many are one in Christ."

From the above it may be well imagined how this brilliant mind, having fastened upon such scientific facts as by affinity, and ingeniously selecting the appropriate text, would, in its abounding wealth of thought, and in its unlimited power of application, present, in graphic clearness, a picture—and conjure, as by magic, a spell, out of the most startling and convincing comparisons. From a collection of over two thousand sermons, many such evidences of the high value he placed upon medical knowledge as a means of illustration, could be presented.

But it is our object at this time to present only the relations which the life of our subject bore to Medicine. From other and abler sources we prefer to collate the incidents of his clerical and religious life, and, from these, to give some idea of that untiring pastoral labor—uninterrupted even for a day during forty-two years,—and of the

Digitized by Google

surpassing pulpit eloquence, which has made his name illustrious everywhere in the annals of church and pulpit history of his time,—placing it, as will be seen, by the side of Henry Cooke, Alexander King and Archbishop Richard Whately.

As the uncultivated ear often fails to appreciate or to interpret into music, the notes attuned to highest culture; so, common and coarser natures fail to recognize in man the godlike attributes which stamp him with divinity. In music, and in human character alike, enlightenment and refinement are ever advantageous to a clear recognition and to a proper appreciation of their sublimest and most exquisite tones. Only those who have lived and energized in the same sacred sphere, and who have known him from the beginning, can tell us who have known him but towards the end, how noble and how grand has been the music of that entire life, a single strain and episode of which we have but poorly succeeded in only faintly rendering. We recognize it all as familiar and true, when told of his warm and sympathizing tenderness; of his ingenuous confidence in all who professed for him friendship; his touching and appealing childlike simplicity; his never-failing gratitude for the smallest kindness; and his ever-ready forgiveness of wrong or injury. All have felt the sway of his courtly and genial manners, of his cordial jocund humor which won, and of his loving kindness and truth which bound to him forever all generous hearts.

But from his confreres only can we fully learn his lifelong indomitable energy, his self-sacrificing devotion—even to martyrdom, his abounding charity, his comprehensive

Digitized by Google

benevolence, his strict integrity, his spotless life as a man and his grandeur as a minister. By them can still better be appreciated and applauded his profound theological wisdom, and his vast and encyclopedic culture in letters, in arts, and in science. These made his simple presence a very school of learning, and gave to his conversation an ever-enlightening glow of intellectual effulgence.

When to the above strictly private and personal attributes, the obliteration of which, by his death, has left a vast void in his community and in the State, hourly felt and never to be filled, are added, his incomparable pastoral qualifications; his indomitable energy in the cause of missions and in the extension of Christian influences; his unsleeping interest in, and labor in behalf of, Sabbath schools; the magnetic attraction he had for, and the influence over children and the young; and above all, when we remember his divine gift of prayer—hope-inspiring and solacing, his wonderful pulpit eloquence, whose echoes—as, pausing to listen—we can almost *now* hear ringing in our ears—persuasive, argumentative, convincing,—profoundly absorbing the attention, inspiring the mind, and satisfying the soul,—how truly and appropriately may we exclaim, "Know ye not that there is a prince and a great man fallen this day in Israel!"

But we turn now to his life's record, as it may be gathered from the several eloquent and loving discourses pronounced by some of the most distinguished and able divines in our own country and the British Provinces. Widespread must have been the grief, and profound and canonizing the love, when from distant pulpits—like a wail—were echoed back across the continent, the lamenta-

Digitized by Google

tion and the eulogy, absorbing and softening, as one heart, the multitude reverentially gathered round his sacred bier!

Principally from the three following excellent discourses delivered shortly after his death, we are enabled to present, in brief, some of the more important events of Dr. Irvine's life:—First, that of the Rev. John Jones, D.D., of Atlanta, pronounced, at his burial, in the First Presbyterian Church of Augusta, Georgia, and published in the *Chronicle and Constitutionalist*, of April 12th, 1881; secondly, the sermon of Rev. James Bennet, D.D., in St. John Presbyterian Church, New Brunswick, and published in the *Weekly Telegraph*, of May 4th, 1881; and thirdly, the sermon of Rev. D. M. Maclise, D.D., more fully biographical in its scope, delivered in Calvin Church, St. John, New Brunswick, April 25th, 1881, and published in pamphlet form, "at the request of many of the friends of the deceased pastor."

And, besides these beautiful discourses, from the religious and from the secular press; from sessions and ecclesiastical bodies; from societies and by private letters, there came the universal expression of sorrow, to signalize so great a loss. But more significant still of his goodness and his faithfulness, there came, too, the swelling gratitude and sympathy from the big common heart of the common People. This welled up now in memories of charities and kindnesses; of fervent prayers by the bed of languishing; of tears mingled with their own in sorrow; and, in their darkest days, of a cheering, hopeful voice, and of an eye looking upward, and of a hand pointing heavenward!

Rev. Robert Irvine, D.D., M.D., was born September

Digitized by Google

15th, 1814, near Saintfield, County Down, Ireland. "From childhood, he had the great advantage and high privilege of a most excellent home and of a moral and religious training." From an early age, he manifested greal intellectual aptitude and mental capacity. After thorough training, he entered Belfast Royal College. "Receiving honors in many of the classes, he passed through the undergraduate course and then went to Glasgow University, where he took an extra session. At that time the fame of the University of Edinburgh, as a place affording the highest advantages for the training of theological students, was very great, on account of the eloquent and profound teachings of Rev. Thomas Chalmers, D.D., and other great and good men associated with him." Among these also at that time was Sir William Hamilton, holding the Chair of Logic and in the zenith of his reputation, as author and reviewer and the recognized leader of the Scotch school of philosophy, if not of speculative science in Europe. "This attracted young Irvine, as it did many others, to that famous school of learning, and there he laid the foundation of the structure of his theological life, broad and deep."

Having received his diploma at Edinburgh, he was licensed to preach, at about the age of 27 years, by the Presbytery of Comber, in 1841. He was called at once and settled over the large and important Presbyterian congregation of Ballynahinch, near the place where he was born and brought up. He here labored with zeal and efficiency, endearing himself to all classes and largely increasing and improving the congregation, by the employment of his great and growing powers, in their moral and spiritual edification.

Digitized by Google

Having continued at Ballynahinch for about three years, in 1843 what is known as "the Disruption" took place in the Church of Scotland, a large majority coming out under the leadership of Dr. Chalmers and forming the Free Church. The great missionary zeal growing out of this movement in 1843, seems to have "had much to do with bringing the Rev. Robert Irvine to this land."

In accordance with the "disruption" idea, a number of people had separated themselves in the city of St. John, New Brunswick, from the congregation, which continued to hold relation with the Church of Scotland. These had formed themselves into another congregation, named the St. John Presbyterian Church. In 1844, a committee was sent by this infant congregation to select a pastor from the General Assembly of the Presbyterian Church in Ireland. Several of the most prominent young candidates were heard, when the Rev. Robert Irvine was unanimously chosen by them and cordially commended by the Belfast committee. He arrived at St. John, May 7th, 1844. He preached his first sermon May 12th, when he formed a Sabbath school of twenty-seven children, and soon after organized the congregation into a church, beginning with the small membership of fifty-one. "His preaching was with power, and so different from and superior to what the people had been accustomed to hear, that attention was aroused and much interest excited, so that multitudes were irresistibly drawn to profess allegiance to the Head of the Church." While pastor of St. John Church, with his most wonderful love and capacity for work which remained with him to the end of his life, he would preach in all destitute localities within his reach. "In Carleton he gath-

Digitized by Google

ered the nucleus of the Presbyterian Church on the West side of the river; he aided in gathering and organizing Bocabec, Nerepis, Jerusalem, Londonderry, Moncton, Shediac, Buctouche, and several other churches now in a healthy, growing and vigorous condition under their several pastors." With all this outside labor, his own Sabbath school increased from twenty-seven to four hundred children, while the little handful of fifty-one had become a communion roll of over four hundred members —such the result of eight years' faithful and successful labor.

He was now called, in 1852, to Cooke's Church, in Toronto, Canada. "His resignation was the cause of great grief to many people, but great though his labors were and wide the field, much as he would be missed and greatly as he knew he would be longed for and lamented," continues Dr. Maclise, "he from various reasons, deemed it best, all things considered, to resign and accept the unanimous call to Toronto."—He labored there two years, and lectured also on Church History, in Knox College. While in that city, he was unanimously called as colleague to Rev. William McClure, of Londonderry, Ireland, but the Presbytery of Toronto interposed and refused to release him, and so he continued and labored for another year." When in 1854 Professor George Young was called from Knox Church, Hamilton, to be Professor of Moral Philosophy in Knox College, Mr. Irvine was unanimously called to succeed him. He accepted the call and labored in it for ten years and three months. While there the Trustees of the University of New York conferred on him, July, 1856, the honorary degree of Doctor of Divinity.

Digitized by Google

In 1864 he accepted the call to Westminster Church, in Philadelphia. The church was not in a prosperous condition, and it was obvious that he had been called "in the hope that his superior pulpit, platform and social qualities would fill up their depleted pews and exchequer". The congregation was intensely loyal to the Union, and Dr. Irvine's decided Southern proclivities rendered the position undesirable. He remained but one year, at the end of which he accepted a call to Knox Church, Montreal, Canada; a beautiful stone edifice having been erected there with the view of securing his services. "Five years of successful labor in this great and growing commercial emporium," says Dr. Maclise, "gathered a large and intelligently active congregation. Then, finally, health and other considerations led him to accept a call from the important First Presbyterian Church of Augusta, Georgia, in 1870, where he lived and labored till he died, on the eighth day of April, 1881, in the 67th year of his age."

Of Dr. Irvine's labors in Augusta, it can be said that they were signalized by the same remarkable results which had attended his ministrations from the taking charge of his first church, at Ballynahinch, at the age of twenty-seven, to his last, in Montreal, in the ripeness of his power, at fifty. It has been seen that, wherever he went, feeble and depleted congregations were reanimated—handfuls swelling into multitudes,—while churches calling him in a state of prosperity, grew still larger and more prosperous under his splendid pulpit eloquence and wonderful magnetic power. Every one caught the fire of his heaven-given activity and energy, and wherever he appeared, he incited in the hearts of men the desire to give—to contrib-

Digitized by Google

ute their energy, their influence, their money—to advance the great cause he represented, and which had taken such powerful and beautiful possession of his entire being,—and the light of which shone like a glory in all the atmosphere around him.

Of the latter class mentioned above, was the First Presbyterian Church of Augusta. It may be said to have been in a prosperous condition as to congregation, Sabbath school and finances; but even in this, the advance in prosperity fairly attributable to his influence, was unmistakably and clearly demonstrated. From 1870, the time of his installation, the membership had very largely increased, and in the Sabbath schools connected with the church and its missions, the numbers had more than trebled those formerly in attendance. When he came, there were no auxiliary places of worship, or "missions," connected with the church. There had been, many years previously, a second church, but it had entirely failed of support, and the building was sold to another denomination. During his ten years of pastoral charge of the First Presbyterian Church, there were founded in connection with the mother church and directly under its rule, three distinct centres for Presbyterian preaching, in each one of which he was unquestionably the moving spirit of its origination. In the opinion of the writer, but for Dr. Irvine's peculiar suggestive influence, shown throughout his life, in creating and stimulating interest in enterprises of this kind, neither the "Reid Memorial Church," nor the "Uptown Mission Church"—now rented and occupied by the Second Presbyterian Church, nor the "River-side Mission," would ever have been founded,

Digitized by Google

or, if at all, one or more of them not for many years to come.

Such was his adaptability and clearness in extemporaneous sermonizing, and the attractiveness of his pulpit eloquence, that it enchained and fascinated not only the cultivated and the learned of the higher classes, but wherever he was announced in any of these several places, or in any locality accessible to them, the common people and the poor, of whatever type of belief, all flocked to hear him, and ever after remembered and praised him as a preacher they could understand. The very large congregations, Methodist and Baptist, of the colored brethren in Augusta, often secured a sermon from him, and the entire colored population of the city loved and venerated him as a faithful and powerful messenger from God. "There was such a whole-souledness in Dr. Irvine," says Dr. Maclise, in commenting upon his influence, "that people were unconsciously and instinctively attracted by and to him; such a magnetic, mysterious but potent influence dwelling in, and emanating from him, that the hearts of men and women, old and young, were irresistibly moved and moulded by him, apparently at his will."

"In the pulpit, he looked like a king on his throne, a right royal looking man. In utterance, exegetical, argumentative, eloquent, illustrative, laying poetry, science, the arts, history and above all, scripture, under contribution. There was a solemnity, a grandeur, an earnestness and, when occasion required, an all-subduing pathos in his voice; there was the soul, kindling and lighting up the eyes and beaming in the countenance; there was a natural and easy grace of action, pervading the whole man and

Digitized by Google

manner; all of which beautifully and harmoniously combined, constituted him one of the first pulpit orators of the age."

"Dr. Irvine's published writings," continues Dr. Maclise, "have not been numerous, and consist mainly in sermons or lectures delivered on special occasions and subjects of general or national interest. Various reasons might be assigned for this, of which may be mentioned the fact that as a rule, he did not write out in full his discourses, but thought them out, and then, out of a heart and soul full of the subject, he spoke with an earnestness and eloquence in full, round ringing tones, that not only reached and filled the remotest corner of the largest house, but usually reached and moved the hearts of all within the sound of his voice. * * * Were all his able and eloquent utterances printed and published in books, they would form a valuable library of no inconsiderable extent."

The high esteem in which his few published sermons have been held, and the exalted position to which he attained, have already been referred to. The statement is thus made by Dr. Maclise:—"Dr. Fish, in 'Pulpit Eloquence of the Nineteenth Century,' under the head of 'The Irish Pulpit,' places four names, and only four, and gives a specimen discourse of each. These names are, Henry Cooke, D.D., Archbishop Richard Whately, Dr. Alexander King and Dr. Robert Irvine. The names were carefully and properly selected, and were those of representative men. To be placed on a par with Dr. Cooke, of Belfast, and Archbishop Whately, of Dublin, is no mean honor; and the specimen discourse given as illustrative of Dr. Irvine's style, power of thought and eloquent utter-

Digitized by Google

ance will, I am sure, be considered by no one capable of judging, a whit behind the best in the volume. It was on 'The Self-evidencing Power of Truth,' and while it demonstrates the theme of the discourse, it proves the power of the man who uttered it."

But the gratifying and loving labor of recording some of the triumphs and the glories and the grandeur of the noble life of a noble man must here cease;—our few remaining paragraphs must be saddened by the melancholy record of his death. For more than a year previously, the health of Dr. Irvine, as was apparent to those most intimately associated with him, had begun to manifest a serious decline. Violent and distressing attacks of gastralgia and of intercostal neuralgia were but indications of more profound and serious derangements of his nervous system. Alarming and sudden headaches, attended and followed by prolonged wakefulness, were of not infrequent occurrence. In this precarious condition of health, he became the subject, in September, of the "Epidemic Dengue of 1880," during the protracted convalescence from which, he was weakened by profuse and exhausting hemorrhages. These *physical* causes of depression, together with others which the writer forbears to detail, soon rapidly undermined his strength, and led to the fatal congestive apoplexy with which he was attacked on the night of April 5th. From this seizure, which was followed by two days of unconsciousness with occasional lucid moments, in one of which he uttered the testimony typical of his life-long faith—"I trust in Jesus!"—"Jesus is my Trust!"—he never recovered. He died on the morning of the 8th day of April, 1881, in the 67th year of his age.

Digitized by Google

To this Association, the death of a member like Dr. Irvine is a loss,—more that of a Christian exemplar and of an inspirer and inciter to high and noble, moral and mental, attainments, than as an active worker, and still less as an actual contributor to science. To these he never did make, nor would he hereafter have made, any pretensions. One of the highest and most elevating affinities of our profession, is the relation it bears, and the assimilation it enjoys, in innumerable common paths with theological science and the clerical profession, in the promotion of the welfare of humanity. The charges of infidelity preferred against us, and the seeming present tendency to scepticism in some of the interpretations given to the recent developments of science, all render the coming into our ranks of, and the close affiliation with, an intellect so profound in all that pertains to such questions as was Dr. Irvine,—of the most wholesome influence, and of inestimable value. In this we sustain a loss which is peculiar, and which is over and above the deprivation of the companionship which in him we would have enjoyed, and of the debates by which, whenever within his scope, we would have been edified. His life-long study of theological science and of religion, both natural and revealed, together with his deep and active interest in the medical sciences, constituted him an admirable exponent of sound and reliable views on questions now daily growing in their interest and importance to many departments of modern sociology.

The gloom and sadness which spread over the community, and widely throughout the State, have already been described. Deeply and generally beloved by all classes of our citizens, all could realize the greatness of the

Digitized by Google

calamity at once, in the realization of his death. Of the vast assemblage filling the church, and crowding the church-yard and the adjacent street, and of the profound pathos pervading it, the address of Dr. Jones conveys to us a feeling intimation:—"What means this unnumbered multitude—thoughtful, solemn—these many tearful faces; this overflowing sea of emotion! The answer is: Oh! how you loved him! Behold, a strong man laid low. Strong in body, strong in intellect, great in life, yet greater in death, as we pause to recall the past, and draw near to contemplate him fully as a whole. As we are amazed to realize the true dimensions of some monarch of the forest when prostrate on the ground, whose lofty limbs had been above our mensuration; so is it when we draw near and contemplate this intellectual giant as he lies before us in solemn state. * * 'All ye that are about him, bemoan him: and all ye that know his name say, how is the strong staff broken and the beautiful rod!'"

At the close of the sermon, Rev. Owen P. Fitzsimmons, of Sparta, gave expression to the profound love and grief of all present, in his own parting words:—"Truest, tenderest, greatest, grandest of men, farewell! but *not* forever."

After prayer by Rev. W. S. Bean, the Rev. Chauncey C. Williams, rector of St. Paul's Church, read the beautiful and impressive Episcopal burial service at the grave.

In the bosom of the fresh, mellow, rest-giving earth has been laid tenderly away the lamented object of the love and confidence and reverence of all who knew him well. He has been laid near to the households, as he was ever near to the hearts, of his people. The majestic trees that

Digitized by Google

he so loved to wander among will still lovingly wave over him, and, asking for him *rest*, they will sigh an unending *requiem* over his grave. "Time, which ever brings us wondrous healing," may teach us to weep less bitterly at the hereafter more familiar shrine; yet, inspired by its hallowed memories, all will daily love and guard it more and more.

Flowers, upon which the pearly tears of affection sparkle like dew-drops, cover and beautify his grave, at the very door of the sanctuary where he has served so long and well. Gentle hands and loving hearts, with an activity ever more quickly effective than the determinations prompted by the love of men, have already erected within the church, a beautiful mural tablet:

"In Memory of The Beloved and Faithful Pastor."

Funds have already been contributed and the plans drawn, and a splendid and worthy monument, with his statue in living marble—white and pure, will soon rise to embody and to perpetuate the noble form and features which in the earthly tenement were the expression of a noble soul. The sculptor will carve in brief but glowing characters the record of his goodness, his loving-kindness, his faithfulness, and his transcendent worth. Being dead, he will yet speak to the living, and, as in the past, so through the long future will he "point to brighter worlds."

But sweeter than the flowers, more enduring than the granite base, purer than the sculptured marble and more ineffaceable than the carving upon its surface, is the love he has left behind him in the hearts of the people, and the sweet savor of good "works that do follow him." Tradition

Digitized by Google

—the historian and the annals of the unlettered and the unlearned—will hand them down from generation to generation. Deep in the depths of the great throbbing Heart of Humanity, he has graven his own elegy. Neither Time nor Change can ever efface the glorious and familiar characters, nor can any other earthly influence ever misinterpret or pervert their unmistakable meaning—LOVE TO GOD AND LOVE TO MAN!

HENRY F. CAMPBELL.

Digitized by Google

Biography.*

THOMAS FITZGERALD GREEN, M.D.

Dr. Thomas F. Green was born in Beaufort, S. C., on the 25th of December, 1804; he died in Midway, Ga., on the 13th of February, 1879, of apoplexy, while Superintendent of the Georgia Lunatic Asylum.

His parents were of the best class of Irish people. His father, a warm-hearted, highly-educated, enthusiastic young Irish patriot, having joined in the ill-fated rebellion of 1798, was forced to flee the country; his wife, who was a Fitzgerald, a lady of noble blood, came with him to America. He had no fortune save his talents, no friends save those whom he won by his virtues. He began to teach, and as a teacher came to Beaufort, S. C.

Here his eldest son, Thomas Fitzgerald, was born. He removed to Savannah, Ga., where he taught a high-school, and was elected a professor in Athens, in the Georgia University. He afterwards removed to Milledgeville, the capital of Georgia, and here the son was educated.

Dr. Green attended lectures in Charleston, S. C.; and was past his majority when he studied medicine and began to practise. He located in Milledgeville, and was doing well as a physician, when the current of his life was changed and turned in a direction which was to be full

* Under the head of "Biography" are included sketches—as far as they could be obtained—of those members of the Association who have died during the last few years, and prior to 1880-81.—Sec.

Digitized by Google

of blessings to his race. A Northern philanthropist, who was interested in the welfare of the insane, visited Milledgeville, to suggest and advocate the establishment of an asylum for them.

He called a meeting of a few gentlemen of broad views and generous hearts, and laid his plans before them. The warm heart of Dr. Thomas F. Green became much interested in the great question presented, and he gave it close attention. He was connected with the first effort made to secure the grant from the Legislature.

In 1846, he succeeded Dr. Cooper, as Superintendent of the Asylum. He continued in the office for thirty-three years. It was very small when he took hold of it. It became a grand institution—one of the largest in the Southern States—when he was called by death from it.

Dr. Green, in person, was short, stout, of broad, grand, humane countenance; in his youth, handsome; and in his old age, venerable. He was full of life, cheerful, merry, courteous, considerate. He was a sincere Christian; in his home-life, a model; one of the most benevolent and unselfish of men. He was devoted to the Institution; he literally lived for the Asylum. He thought of it, talked of it, all the time. His success in the management of it was marvellous, and the blessed results of his work cannot be told in Time.

He was a delightful companion, a true and sympathizing friend, a man whom all loved, and one worthy of all the honor heaped upon him. The moral grandeur of his character was best illustrated by the interest he manifested in the unfortunate.

[The above sketch of Dr. Green is taken from the *Amer-*

Digitized by Google

ican Journal of Insanity, Oct., 1880—Proceedings of the Association of Medical Superintendents, at its meeting in Philadelphia,—having been prepared by Dr. T. O. Powell, the present Superintendent of the Georgia Lunatic Asylum.]

ROBERT MARK SMITH, M.D.

Dr. R. M. Smith, of Athens, Ga., was born in Paterson, Sussex County, N. J., January 13th, 1826; died of paralysis, at Gainesville, Ga., February 1st, 1879.

His remains were interred in the cemetery at Athens. He was the son of Terrance and Margaret (Inglis) Smith, of Paterson, N. J. His parents removed to Athens, Ga., when the subject of this notice was twelve years of age. After having acquired a fair education, he entered the drug-store of Dr. Chas. M. Rees, where he studied practical pharmacy, and began the study of medicine. He then attended lectures at Jefferson Medical College, Philadelphia, Pa., where he graduated M.D., in 1846. Dr. Smith was at this time anxious to enter the navy, and studied, and passed a successful examination, but close and prolonged study had severely affected his health, which for over a year remained very precarious. In the meantime he was preparing for a general practice, and finally abandoned the purpose of entering the navy, and began practice in Athens, Ga., some time in 1847.

He had a preference for surgery, and was quite a successful operator, but was at the same time a well-informed

Digitized by Google

and skilful general practitioner. When the war between the States broke out, he was appointed Surgeon to the Sixteenth Georgia Regiment, serving in his professional capacity until the close of the war. Returning to Athens, he resumed his professional duties. He was twice elected mayor of the city, serving four years. He was a member of the City Board of Health; a member of the American Medical Association, since 1869; and a member of the Medical Association of Georgia. Among his contributions to medical literature may be mentioned: an interesting report on "A Case of Extra-Uterine Pregnancy," published in the Transactions of the Medical Association of Georgia for 1876; also, his report on "Ligation of the Primitive Carotid Artery, on the Left Side" (*Ibid.*, 1877), the operation being followed by recovery.

He was a warm supporter of all measures looking to general education, and was, at the time of his death, one of the trustees of the Masonic Female College located at Covington, Ga. He also held the chair of Medical Jurisprudence in the law department of the University of Georgia. He was a member of the Phi Kappa Society of the University.

He joined the Masonic Order, March 1st, 1850, and the following year was elected Worshipful Master, a position to which he was annually re-elected for ten years. In 1873, he was an officer in the Grand Lodge of Georgia. He was a bright member of the Ancient Scottish Rite, and received the thirty-third degree in 1876. He was a man of fine address, attentive to his duties, and was exceedingly popular as a citizen and a physician.

He was united in marriage to Rosanna Jane, daughter

Digitized by Google

of Alexander Pringle, August 9th, 1853, and had four children, two sons and two daughters. Dr. Smith was buried with Masonic honors. A memorial sketch of the doctor's life was published by the Mount Vernon Lodge, from which these facts are chiefly taken.

[The above notice—with a few changes and additions—is from the "Report on American Medical Biography" (*Trans. Amer. Med. Association*, 1880), by Dr. J. M. Toner, of Washington, D.C.]

R. L. RODDY, M.D.

In writing a tribute to the memory of so distinguished a member of the profession as Dr. R. L. Roddy through so long a series of years of usefulness, it seems a task of no small consideration.

It was the privilege of the writer to be intimately acquainted with him for over thirty years, and it was also his good fortune to be with him for two years as a medical student. Thus privileged, and thus intimate, it is expected that what shall be said of him and his many good qualities both of head and heart, will be taken as part of the true history of his long and useful professional life.

He was born in Charleston, S. C., in the year 1815, on the sixth day of February. At the early age of nine years, he was sent to the city of Baltimore, to be educated; and at the age of seventeen, he graduated with much distinction for one so young. After he finished his

Digitized by Google

literary course of studies, he at once entered upon the study of medicine, and when only nineteen years of age, he graduated at the University of Pennsylvania. Then he entered the Therapeutic Institute of Philadelphia, and in 1834 received a diploma from that school of pharmacy. The next winter he returned to Charleston, and entered the Medical College of South Carolina, and graduated from that institution in the spring of 1835.

When his education, both literary and professional, was ended, he removed from Charleston to Washington, Wilkes County, where he entered into an active practice with Dr. Albert Reese, and continued with him two years. He then moved to Forsyth, where he entered the practice alone; and was married in 1839 to Miss Ann E. C. Dunn, with whom he lived happily until the year 1873, when she died. He continued to practise the profession he so much loved, until his death, which took place on the 24th day of June, 1878,—surrounded by his family and his many friends, who ministered to him all the kindness it was possible to bestow on suffering mortality, until he gradually and gently passed into the Great Unknown.

Dr. Roddy was a ripe scholar; and in the profession of his choice, and the one he loved as dear as life itself, he was thoroughly progressive. He always read carefully the best medical journals of the period, and for a man like him—worn down with the arduous duties of a laborious practice—he was well up and thoroughly posted in all the new ideas and improvements of the age. He was not one of those who believed that "much learning was maddening," but that it was the way to success and a useful and valuable life. In intellectual and medical skill he was

Digitized by Google

considerably in advance of the average physician, and it was often the case that his professional brethren would have him called, in cases of doubt and extremity. For largeness of heart and magnanimity of feelings he had no superiors. In his breadth of mind, liberal views and warmth of professional courtesy, there was much to envy and admire. He lived to a noble purpose, and was indeed a benefactor in his day and generation.

Often now, although he has been dead more than three years, we hear sentiments of esteem and praise expressed by those who were the recipients of his many good offices. He was not only esteemed for his medical ability and professional attainments in the healing art, but he was high up in the order of the Mystic Brotherhood. For a long number of years he alternated with the late and much-lamented Judge E. G. Cabaniss in filling the station of Worshipful Master and Grand High Priest of the Royal Arch Chapter. He was also many years Deputy Grand High Priest of the Grand Royal Arch Chapter of Georgia. He received the degree of Knight Templar in 1847, and was a member of the Commandery at Macon until the dispensation was granted for the charter of William Tracy Gould Commandery at Forsyth in 1866, and was its first Commander, which office he held until 1875. In all the stations which he was called to occupy in the Mystic Brotherhood, he presided with dignity and honor to that worthy Order.

As already stated, it was the privilege of the writer to be a medical student of Dr. Roddy's, and to him he has always felt indebted for many useful examples and lessons. At that time he was in the midst of his greatest useful-

Digitized by Google

ness and in the enjoyment of a large and lucrative practice. It was often the case that he was called to the neighboring counties in consultation with his co-laborers.

It is well known that the Medical Association of Georgia esteemed him as a valuable and useful member, and at the last session he attended, which was held in Thomasville, he was made its Vice-President.

When the late war began, although in very feeble health and having an afflicted wife, he entered the service as Surgeon of the Fourteenth Georgia Regiment. From this position he was soon promoted to that of Brigade Surgeon, and then to Division Surgeon under Gen. A. P. Hill. But his health continuing to fail, he was compelled to return home, where he took charge of the hospital located at Forsyth, and continued in this service until the close of the war.

The arduous duties of Division Surgeon, and then the constant attendance upon the hospital, was too great a tax upon his nervous system, and served as the prime cause of an attack of paralysis agitans, which ultimately proved to be the cause of his death.

In the death of Dr. Roddy the profession loses a valuable and useful member; the Mystic Order indeed loses a brother; and the whole community in which he lived, one whose place has not been filled. But in taking a long, last, sad farewell of our worthy brother, we can truly say that "he rests from his labors, and his works do follow him". Let us strive to emulate his example and his many professional virtues and useful qualities of both head and heart.

L. B. ALEXANDER.

Digitized by Google

Digitized by Google

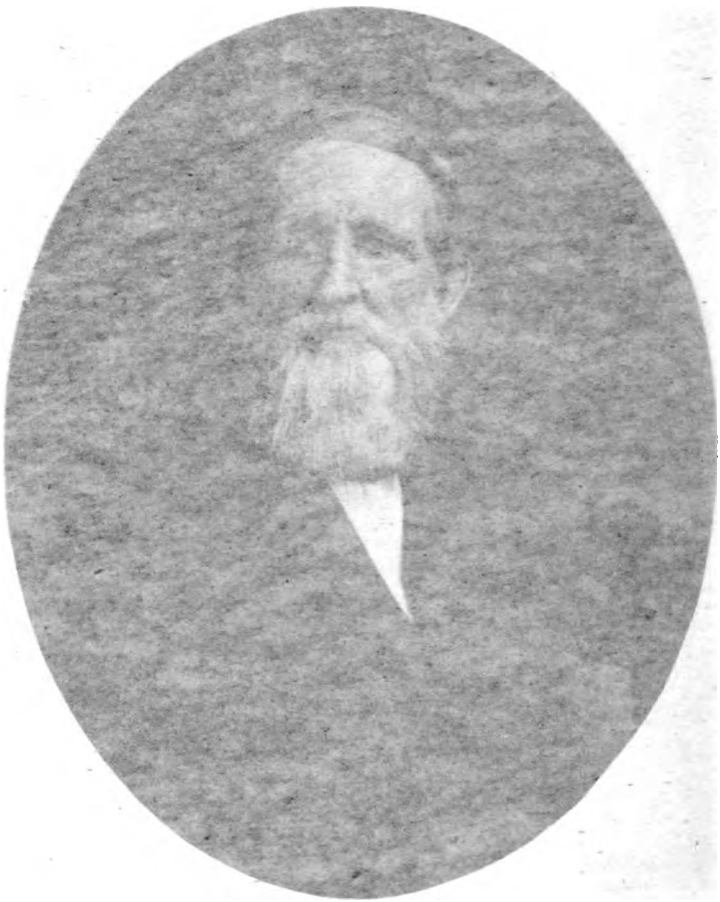
Crawford W. Long M.D.

U of M

HELIOTYPE PRINTING CO., BOSTON.

Digitized by Google

Digitized by Google



Sampson H. Long M.

HELIOTYPE PRINTING CO., BOSTON.

Digitized by Google

CRAWFORD W. LONG, M.D.

THE DISCOVERER OF ANÆSTHESIA.

The purpose of this article is not to demonstrate the fact that Dr. Long was the discoverer of anæsthesia. This fact has been established beyond all controversy, by Dr. J. Marion Sims in his able and exhaustive article on "The Discovery of Anæsthesia," published in the May number, 1877, of the *Virginia Medical Monthly*. The scope of this article is merely a re-statement of the indisputable and published proof of the claim of Dr. Long to this honor, together with a collection of the public acts of recognition of his claim so far made. We make this summary of proofs, and of acts of recognition, with the hope that it may urge the members of the profession, and his countrymen generally, to a united effort to secure from the National Government a final and official recognition of Dr. Long's claim.

In the introduction of Dr. Sims' article, he says, touching the various claimants to the honor of the discovery:

"There are four claimants for the honor of the discovery of anæsthesia, viz: Crawford W. Long, of Athens, Georgia; Horace Wells, of Hartford, Ct.; W. T. G. Morton and Charles T. Jackson, of Boston.

"I propose to give a plain statement of facts bearing on the question, leaving the reader to draw his own conclusions.

Digitized by Google

"The claims of Long have never been fairly stated in connection with those who came after him. I am ashamed to say I was wholly ignorant of them until a very recent day, and I believe that the great mass of the profession are in the same category with me. I became acquainted with the facts of Long's labors by mere accident."

Dr. Sims then narrates the accidental circumstances which led to his knowledge of Dr. Long's claim, and continues as follows:

"Dr. Crawford W. Long, now of Athens, Georgia, was born in Danielsville, Madison county, Georgia, on the 1st November, 1815. He graduated at the University of Georgia (then the Franklin College) in 1835. He studied medicine and graduated at the Medical Department of the University of Pennsylvania in 1839. He then went to Jefferson, Jackson County, Georgia, where he practised medicine for many years. In 1842, he had four students in his office, viz: P. A. Wilhite, John S. Groves, D. I. Long and H. R. P. Long. The two last were relatives of Dr. Long, and they are both dead. Wilhite and Groves are still living (1877). Dr. Long was 27 years old. His pupils were all from 19 to 21; they were on the best of terms with each other, the Doctor entering into all the sports of his pupils with a hearty good will, while he never neglected his duties as their teacher. On one occasion, they were talking about the inhalation of nitrous oxide gas, when one of his pupils asked him to make some for them. He said he did not have suitable apparatus for it, but that the inhalation of sulphuric ether would produce precisely the same exhilarating effect. One of the young men present said he had inhaled ether while at school, and was willing to do it again. They were all anxious to witness its effects. Dr. Long got some ether immediately and gave it to the young man who had previously inhaled it. He then inhaled it himself, and afterwards gave it to all present.

Digitized by Google

After this, the young Doctor and his pupils indulged occasionally in ether frolics. On several occasions, Dr. Long became furiously excited and could not be controlled. On recovering from the ether intoxication, he frequently noticed that his arms and hands were badly bruised, and yet he was not conscious of having felt any pain at the time he was under the influence of the ether. He also noticed the same thing in his pupils. They were often badly hurt by falls and blows, and were not conscious of pain at the time. These facts, repeatedly observed, suggested to his mind the idea of using ether to prevent the pain of surgical operations. He frequently spoke of this to his students, and at last he determined to give it a trial. * *

"Dr. Long having made up his mind to try the experiment with ether on the first favorable opportunity, says (*Southern Medical and Surgical Journal*, Dec., 1849):

'The first patient to whom I administered ether in a surgical operation, was James M. Venable, who then resided within two miles of Jefferson. Mr. Venable consulted me on several occasions with regard to the propriety of removing two small tumors situated on the back part of his neck, but would postpone from time to time having the operations performed, from dread of pain. At length I mentioned to him the fact of my receiving bruises while under the influence of the vapor of ether, without suffering, and, as I knew him to be fond of, and accustomed to inhale ether, I suggested to him the probability that the operations might be performed without pain, and proposed operating on him while under its influence. He consented to have one tumor removed, and the operation was performed the same day. The ether was given to Mr. Venable on a towel; and when fully under its influence I extirpated the tumor. It was encysted, and about half an inch in diameter. The patient continued to inhale ether during the time of the operation, and when informed it was over, seemed incredulous, till the tumor was shown him. He gave no evidence of suffering during the operation, and assured me, after it was over, that he did not experience the slightest degree of pain from its performance.'

Digitized by Google

"*This operation was performed on the* 30*th of March*, 1842.

'The second operation I performed upon a patient etherized was on the 6th June, 1842, and was on the same person (Mr. Venable) for the removal of another small tumor. This operation required more time than the first, from the cyst of the tumor having formed adhesions to the surrounding parts. The patient was insensible to pain during the operation, until the last attachment of the cyst was separated, when he exhibited signs of slight suffering, but asserted after the operation was over that the sensation of pain was so slight as scarcely to be perceived. In this operation, the inhalation of ether ceased before the first incision was made.'

"In a certificate sworn to by James M. Venable on the 23d July, 1849, he says: 'In the early part of the year (1842), the young men of Jefferson and the country adjoining were in the habit of inhaling ether for its exhilarating powers, and I inhaled it myself frequently for that purpose, and was very fond of its use. While attending the Academy, I was frequently in the office of Dr. C. W. Long, and having two tumors on the side and rather back of my neck, I several times spoke to him about the propriety of cutting them out, but postponed the operation from time to time. On one occasion, we had some conversation about the probability that the tumors might be cut out while I was under the influence of sulphuric ether, without my experiencing pain, and he proposed operating on me while under its influence. I agreed to have one tumor cut out, and had the operation performed that evening (afternoon) after school was dismissed, This was in the early part of the spring of 1842. I commenced inhaling the ether before the operation was commenced, and continued it until the operation was over. I did not feel the slightest pain from the operation, and could not believe the tumor was removed until it was shown to me. A month or two after this, Dr. C. W. Long cut out the other tumor situated on the same side of my neck. In this operation, I did not feel the least pain until the last cut was made, when I felt a little pain. In this operation, I stopped inhaling the ether before the operation was finished. I in-

Digitized by Google

haled the ether in both instances from a towel, which was the common method of taking it.'

"Dr. Long's four students, Wilhite, Groves, and the two Longs, also E. S. Rawls (now Dr. Rawls) and Andrew J. Thurmond, were present and assisted at the operation. Dr. Wilhite tells me that the etherization of Venable was as complete as it is ever made now-a-days, and that Venable always declared he felt no pain during the operation.

"On the 3d July, 1842, Dr. Long amputated the toe of a negro boy, Jack, belonging to Mrs. Hemphill. Jack felt no pain, having been completely anæsthetized.

"On the 9th September, 1843, Dr. Long exsected, without pain, three small cystic tumors from the head of Mrs. Mary Vincent, who was etherized for the purpose.

"On the 8th January, 1845, Dr. Long amputated two fingers for a negro boy belonging to Mr. Ralph Bailey, Sr., the patient being fully etherized and feeling no pain whatever.

"Morton's friends have been from the outset clamorous and persistent in proclaiming to the world 'that Morton was the first man who ever produced complete anæsthesia for surgical operations.' The facts above stated prove incontestably that they were mistaken; and before we get through it will be shown that they were doubly mistaken; for it will be established beyond controversy that Wells produced anæsthesia by nitrous oxide gas long before Morton did it with ether.

"Long's anæsthesia with sulphuric ether was on the 30th March, 1842.

"Wells' anæsthesia with nitrous oxide gas was on the 11th December, 1844.

"Morton's anæsthesia with sulphuric ether was on the 30th September, 1846.

"Thus we see that Long ante-dates Wells two years and eight months, and ante-dates Morton four years and six months.

Digitized by Google

"Dr. Long's operations under the influence of ether were known by all his neighbors—professional and non-professional. Many of these are still living. Dr. Wilhite lives at Anderson, South Carolina. Dr. John S. Groves, his fellow-student with Long in 1842, is now living at Dalton, Georgia. Dr. A. Delaperiere was the only physician, besides Dr. Long, at Jefferson in 1842. He witnessed these operations; has given his testimony to that effect, and is still living. Dr. E. S. Rawls, another witness, was living in Alabama a short time ago. All these men testify to the fact that Long's operations under ether were witnessed and known by all medical men in his neighborhood and by the whole community.

"Long's operations were not secret. He made no mystery about the substance given to prevent pain. He took out no patent for his discovery as did Morton and Jackson. He did not attempt to convert it into a money speculation. He published it before all men. It was not hidden from the world.

"True, his was a very contracted world. He was waiting to test his great discovery in some capital operation. He lived in an obscure little town where there were no railroads and no ponderous machinery to maim his fellow-men and the amputation of a leg or arm was an era in the life of a country doctor.

"While he was still waiting for larger operations before communicating his discovery to some scientific journal, the labors of Wells and Morton and Jackson and Simpson burst upon the world. When Jackson made his visit to Long at Athens, in March, 1854, he said to Long; 'You have the advantage of priority in date and in the first use of ether as an anæsthetic; but we have the advantage of priority of publication.'

"Now upon this point Long, Wells, Morton and Jackson stand individually upon the same level. Long exhibited

Digitized by Google

to medical men and to the community his operations under ether (1842). Wells exhibited to medical men and to the community his operation of the extraction of teeth under the influence of nitrous oxide gas (1844). Morton exhibited to medical men and to the community the use of his secret remedy, 'Letheon,' (1846) as an anæsthetic. But Morton was fortunate in showing his patent remedy to the great surgeons of Boston. And it was not Morton, but it was Warren and Hayward and Bigelow who performed the operations at the Massachusetts General Hospital (October, 1846,) on patients to whom Morton gave his 'Letheon' that the world owes the immediate and universal use of anæthesia in surgery. If Morton could have had his way he would have deodorized the ether and kept it a secret from the world.

"Neither Wells nor Morton nor Jackson ever published a word on the subject till it burst forth in a blaze from the labors of the hospital surgeons already named.

"When Warren and Hayward and Bigelow proved the real greatness of the discovery, then it was that Wells, Morton and Jackson began the war of pamphlets, and not till then did either of them publish in any scientific journal a line about anæsthesia. And thus we see that its first publication to the world was really due to the illustrious surgeons of the Massachusetts General Hospital.

"In 1853 Morton petitioned Congress to grant him a large sum of money for the discovery of anæsthesia. The friends of Wells opposed it, and claimed this honor for Wells, who used nitrous oxide gas as an anæsthetic two years and a half before Morton used ether for this purpose.

"Then it was that the friends of Long appeared upon the scene, proving that Long was the first to use ether, ante-dating Morton four years and a-half.

"When Long's claim to the honor of discovering anæsthesia was presented to Congress by the Hon. Mr. Dawson,

Digitized by Google

Senator from Georgia, it was formidable enough to block the movements of Morton to get the appropriation he demanded for his discovery. They were so strong that Dr Charles T. Jackson went to Athens, Georgia, expressly to see Dr. Long on the subject. In a communication to the Boston *Medical and Surgical Journal*, April 11th, 1861, Dr. Charles T. Jackson says he visited Dr. Long at Athens, Georgia, on March 8th, 1854, to examine into Dr. Long's claims to being the first to use sulphuric ether as an anæsthetic in surgery, and he further says: 'From the documents shown me by Dr. Long, it appears that he employed sulphuric ether as an anæsthetic agent—

'*First.* On March 30th, 1842, when he extirpated a small glandular tumor from the neck of James M. Venable, a boy [Mr. Venable was over 21 years old when the operation was performed.—J. M. S.] in Jefferson, Georgia, now dead.

'*Second.* On July 3d, 1842, in the amputation of the toe of a negro boy belonging to Mrs. Hemphill, of Jackson, Georgia.

'*Third.* On September 9th, 1843, in the extirpation of a tumor from the head of Mary Vincent, of Jackson, Georgia.

'*Fourth.* On January 8th, 1845, in the amputation of a finger of a negro boy belonging to Ralph Bailey, of Jackson, Georgia.

'Copies of the letters and depositions proving these operations with ether were all shown me by Dr. Long.

'He also referred me to physicians in Jefferson who knew of the operations at the time.'

"The above extract from Dr. Jackson's paper to the Boston *Medical Journal* recognizes Long's claim to being the first to produce anæsthesia for surgical operations, but it does not tell the whole story of Dr. Jackson's visit to Dr. Long.

"Dr. Long has furnished me with all the evidence, consisting of affidavits, certificates, book entries, etc., that Dr. Jackson examined. He has also written me fully on the

Digitized by Google

subject, and every fact that I have stated can be substantiated by documentary evidence.

"In one of Dr. Long's letters to me (Nov. 5, 1876,) he says:

'In 1854 Dr. Charles T. Jackson came to Georgia and spent two days with me in Athens, most of the time in my office, examining books, accounts, dates and certificates establishing the time, etc., of my operations. He expressed himself satisfied with the correctness of my claim to the first use of ether as an anæsthetic in surgical operations. Dr. Jackson informed me that he would go from Athens to Dahlonega, Georgia, and as I knew he must pass through Jefferson where I resided up to 1850, and where my first operations under ether were performed, I requested him to stop in Jefferson and see some of the physicians there who witnessed or knew of the operations, and also a number of the citizens of the village who either witnessed the operations or were familiar with them from common report. Dr. Jackson spent one or more days in Jefferson, and on his return, expressed himself satisfied with the testimony.

'In Dr. Jackson's communication to the Boston *Medical and Surgical Journal* (April 11th, 1861). he neglected to say anything of the information he obtained while in Jefferson, although he admitted to me on his return that the evidence was perfectly satisfactory.'

"The Hon. C. W. Andrews, of Madison, Georgia, informs me that he was in Dr. Long's employ and in his office when Dr. Jackson spent a whole day with Long in comparing notes and talking over the subject of etherization, and it seems that the real object of Dr. Jackson's visit to Dr. Long was to induce Long to unite with him in laying their conjoint claims before Congress as the real discoverers of anæsthesia as opposed to those of Morton. Jackson was willing to concede to Long the honor of being the first to use ether in surgical operations, but wished Long to concede to him the honor of priority in making the discovery of the principle of anæsthesia when he inhaled ether to relieve the pain and difficulty of breathing

Digitized by Google

after inhaling chlorine gas (as Sir Humphrey Davy had done before).

"Dr. Long says (February 8th, 1877): 'In our conversation I understood Dr. Jackson to yield the point of priority to me—and so did the Hon. C. W. Andrews. I did not admit to him that he was the first to make the discovery—leaving to me its practical application; and when he proposed to me to unite our claims—he to claim the discovery and I its first practical use in surgical operations—I positively refused. I was satisfied that I was entitled to the credit of the discovery, as well as of the first practical use of ether in surgical operations.

'Instead of writing to Senator Dawson to unite our claims as Dr. Jackson requested, I wrote to Mr. Dawson to make no such compromise, but to place my claims solely on their merits; and if you will consult the Congressional proceedings of that time you will see that Mr. Dawson presented my claims separate and independent.'"

We extract from the *Virginia Medical Monthly* of a later date, the affidavits of Drs. J. B. Carlton and James Camak, physicians of established character in Athens, Georgia. Dr. J. B. Carlton, since making this affidavit, has died, but Dr. Camak is still living in Athens:

"ATHENS, GEORGIA, *August* 15, 1878.

"I, the undersigned, do certify that in May, 1843, I assisted Dr. R. D. Moore in amputating the leg of a colored boy, Augustus, then the property of Mr. William Stroud, who resided in this county; and that I distinctly recollect hearing Dr. R. D. Moore say that, 'If I had thought of it before leaving home I would have tried Dr. C. W. Long's great discovery,' namely, the administration of sulphuric ether, as an anæsthetic in performing the operation. Having neglected to bring the ether, Dr. Moore finally concluded to influence the patient with morphia, under which influence the operation was performed.

"JOSEPH B. CARLTON, M.D."

Digitized by Google

"ATHENS, GEORGIA, *August* 10, 1878.

"This certifies that, in the month of May, 1843, I was present and assisted Dr. R. D. Moore, of this place, in amputating a leg. He said to his three students (I being one), 'If I had thought of it before leaving home, I would have tried Dr. Long's discovery,' producing insensibility by inhalation of ether.

"JAMES CAMAK, M.D.

"Attest: ASA M. JACKSON,
"*Ordinary Clarke County, Georgia.*"

This additional evidence is given here, to show that this discovery by Dr. Long was known to members of his profession, and was fully discussed and tried by them, to test its efficacy, prior to 1844, when Wells first used an anæsthetic, and prior to 1846, when Jackson and Morton claim to have first used ether for this purpose.

Dr. Sims then makes a fair statement in his article, of the claims of Horace Wells, of Hartford, Conn., W. T. G. Morton and Charles T. Jackson, of Boston, Mass., these being the only disputants with Dr. Long for the honor of the discovery, and in his summary of facts, says, concerning these claimants:

"6th. That Long was the first man to intentionally produce anæsthesia for surgical operations, and that this was done with sulphuric ether in 1842.

"7th. That Long did not by accident hit upon it, but that he reasoned it out in a philosophic and logical manner.

"8th. That Wells, without any knowledge of Long's labors, demonstrated in the same philosophic way, the great principle of anæsthesia by the use of nitrous oxide gas (1844).

"9th. That Morton intended to follow Wells in using

Digitized by Google

the gas as an anæsthetic in dentistry, and for this purpose asked Wells to show him how to make the gas (1846).

"10th. That Wells referred Morton to Jackson for this purpose, as Jackson was known to be a scientific man and an able chemist.

"11th. That Morton called on Jackson for information on the subject, and that Jackson told Morton to use sulphuric ether instead of nitrous oxide gas, as it was known to possess the same properties, was as safe, and easier to get.

"12th. That Morton, acting upon Jackson's off-hand suggestion, used the ether successfully in the extraction of teeth (1846).

"13th. That Warren and Hayward and Bigelow performed important surgical operations in the Massachusetts General Hospital (October, 1846), on patients etherized by Morton, and that this introduced and popularized the practice throughout the world.

"In Boston, Mass., a monument has been erected to the discoverer of anæsthesia, but no man is designated thereon by name. The citizens of Hartford, Conn., have erected a bronze statue of Wells (by Bartlett) in their Capitol Park, claiming for him the discovery of anæsthesia. This is as it should be. We have no objection to it; and would suggest that the names of Long, Wells, Morton and Jackson be inscribed on the Boston column, one on each side, as co-discoverers of anæsthesia. The State of Georgia will, at no distant day, erect at its Capital or its University, a statue of Long, who was unquestionably the first discoverer of anæsthesia.

"All the claimants of the honor of discovering anæsthesia are Americans. To each is due a certain measure of credit, but no one man can claim this great honor exclusively. The names of Long, Wells, Morton and Jackson will doubtless be associated as co-laborers in the great

Digitized by Google

work, and to these must be added the immortal name of Sir James Y. Simpson, who introduced chloroform and enlarged the domain of anæsthesia."

Dr. Sims concludes his article with the suggestion that the Medical Profession, North, South, East and West, rise above all party, all prejudice, all sectionalism, and demand of the National Government proper recognition of Long, Wells, Morton and Jackson, as co-laborers in the discovery. And he suggested an appropriation by the National Government of $100,000, to be distributed equally among the families of the claimants, as a proper recognition of their claims.

Dr. Crawford W. Long died the 16th day of June, 1878, at the bedside of a patient, in the discharge of duty. The following resolutions were adopted by the Athens Medical Association, on the 24th day of February, 1879, recognizing the justice of Dr. Long's claim:

"WHEREAS, the recent compilation of facts by Dr. J. Marion Sims, of New York, in regard to the discovery of anæsthesia clearly proves Dr. Crawford W. Long to be the first to ever use sulphuric ether as an anæsthetic agent in surgical operations; and

"WHEREAS, Dr. Long was a native Georgian and, especially, a native of our own section, we, the Medical Association of Athens, and of which he was the honored and esteemed President, must necessarily feel much pride in claiming so valuable, so useful, and so scientific a man as our companion in medicine, and likewise feeling that not only a most pleasing sense of duty, but a most justifiable sense of pride and honor, make it eminently proper and commendable that this Association should take the initiatory steps in bringing about, on the part of the Medical Profession, a full and just recognition of the claims of Dr.

Digitized by Google

Long, to being the first and true discoverer of anæsthesia; therefore, be it,

"*Resolved*, That from the accumulation of facts and evidence deduced, this Society is fully satisfied that Dr. Crawford W. Long, of Athens, Ga., was the first person who ever used sulphuric ether as an anæsthetic agent, in surgical operations; and as an act of justice to the distinguished discoverer, now deceased, and to the honor of the profession of our own State, we most respectfully recommend and request that the Georgia Medical Association, soon to hold its annual session in the city of Rome, take such steps as shall definitely determine Dr. Long's claim to priority in the use and discovery of Anæsthesia; and that the State Medical Association be further requested to bring the matter before the American Medical Association, which is to hold its next annual session in the city of Atlanta during the approaching summer, that through this national convention of medical men Dr. Long's claim may be established throughout the civilized world.

"*Resolved*, That a copy of these resolutions be forwarded to the President and Secretary of the State Medical Association, and also to the different medical journals of our State, with the request that they publish the same.

"H. Hull, M.D.	G. L. McCleskey, M.D.
"J. B. Carlton, M.D.	J. E. Pope, M.D.
"W. A. Carlton, M.D.	Wm. King, M.D.
"John Gerdiné, M.D.	H. H. Carlton, M.D."

In August, 1879, Mr. Henri L. Stuart, of New York, wrote the following letter to Hon. John B. Gordon:

"New York, *August* 12, 1879.

"Hon. J. B. Gordon:

"Dear Sir,—Will you do me the favor, as a member of the Alumni Association of the State University of Georgia, to present in my name the accompanying portrait (painted by F. B. Carpenter) of Dr. Crawford W. Long, a late

Digitized by Google

member of this Association, and demonstrated discoverer of surgical anæsthesia by the use of sulphuric ether, March 30th, 1842; to be placed in the Capitol of the State of Georgia, under their control and supervision.

"I desire to do this in honor of the memory and just fame of this eminent physician and useful citizen, to make his record complete as the discoverer of anæsthesia.

"Providence seems to have intervened to prevent the final settlement of this vexed question, until the claims of this modest, unpretending and gifted man, who really made the discovery, were fully demonstrated by Dr. J. M. Sims, a native of South Carolina, also a discoverer and a benefactor of humanity, scarcely second to Dr. Long himself. His labors in Alabama, which led to the founding of the Woman's Hospital of the State of New York, have also resulted in giving him a world-wide fame as a surgeon and investigator.

"It is fitting that these two eminent Southern men should be represented as they are in Mr. Carpenter's picture.

"Very respectfully and faithfully, your friend,

"HENRI L. STUART."

In August, 1879, the Legislature then being in session, the following Resolutions were introduced by Hon. Benjamin C. Yancey, of Clarke County, and unanimously adopted by the House of Representatives of Georgia:

"WHEREAS, Mr. H. L. Stuart, a noble-hearted humanitarian of the city of New York, has had painted at his expense a magnificent portrait of the late Dr. Crawford W. Long, a citizen of Georgia, and the discoverer of modern surgical anæsthesia, and offers said portrait in appreciation of the grand discovery and the discoverer, to the Alumni of the University of the State of Georgia, with the request that it be received by the House of Representatives of the General Assembly of the State, and be placed on the walls of the Representative Chamber.

Digitized by Google

"*Resolved*, That the gift of said portrait for the purpose designated be accepted by the House of Representatives.

"*Resolved*, That the hour of twelve o'clock meridian, on Monday next, be ordered as the time for the presentation of said portrait, by the Hon. John B. Gordon.

"*Resolved*, That a committee of three members of the House be appointed by the Speaker to arrange for the ceremonials, and to notify the Hon. John B. Gordon of the adoption of the Preamble and Resolution, and to invite to a seat on the floor during said ceremonial and his stay in the city, the generous and noble donor, Mr. H. L. Stuart, of the City of New York."

Subsequently, and at the same Session of the General Assembly of the State of Georgia, in the presence of the members of the Senate and House of Representatives jointly met, the Governor, the Judiciary of the State, and other citizens invited to be present, including Mr. Stuart and the family of Dr. Long, the portrait was presented by Gen. John B. Gordon, and accepted by Hon. Benjamin C. Yancey, Representative from Clarke (the home of Dr. Long), and placed permanently upon the north wall of the House of Representatives of the State.

At the Commencement exercises, 1879, of the University of Georgia, the Hon. Alexander H. Stephens delivered the Annual Alumni Address, his subject being, "What is the Chief End of Man." In that address Mr. Stephens alluded to Dr. Long as the discoverer of anæsthesia, and asserted that Germany, France, England and Russia, all acknowledged Dr. Long's claim; that Congress had invited each State in the Union to forward the statues of two of its benefactors to be placed in the Art Gallery at Washington; and he suggested that Georgia send the statues of

Digitized by Google

James Oglethorpe, the founder of the Colony of Georgia, and of Dr. Crawford W. Long, the discoverer of anæsthesia. Mr. Stephens and Dr. Long were members of the same class and room-mates while they were students at the University of Georgia. Mr. Stephens, in this address, paid a glowing tribute to the memory and character of Dr. Long, and we regret that his remarks have not been published, so that we might quote his exact language. This suggestion of Mr. Stephens was subsequently adopted by the Georgia Legislature, and the following Resolution, introduced by Mr. Yancey, was adopted:

"WHEREAS, It has been proposed that each State of the United States of America, should designate the names of two persons whose memories are to be perpetuated by likenesses in statuary, in the Art Gallery established, or to be established, in Washington City—the Federal Capital; *and whereas*, anæsthesia is the greatest boon ever conferred upon humanity, unless vaccination claims equal title to be so considered; *and whereas*, Crawford W. Long, M.D., a native of Georgia, and graduate of the University of the State, lately deceased, is the historic discoverer of anæsthesia, and the first man to employ sulphuric ether as an anæsthetic agent in a surgical operation, on the 30th of March, 1842; *and whereas*, England recognized the labors of Jenner, and also bestowed a high honor of government upon Sir James Y. Simpson, in recognition of the great service he had rendered humanity by the introduction of chloroform which enlarged the domain of anæsthesia; *and whereas*, our Federal Republic should not allow the names of our discoverers and scientists to rest in obscurity; and the State of Georgia should especially cherish, with pride, the name and memory of her great discoverer:

"*Resolved by the General Assembly*, That the name of Crawford W. Long, M.D., the historic discoverer of anæs-

Digitized by Google

thesia, be presented to the Art Gallery at Washington City, established, or to be established, to represent the State of Georgia.

"*Resolved*, That the name of James Oglethorpe, the historic founder of the Commonwealth of Georgia, be also presented to said Gallery to represent the State.

"*Resolved*, That a copy of this preamble and resolutions be transmitted by the Governor to his Excellency, the President of the United States of America, with a request that he submit them to the Senate and House of Representatives of Congress on its next assemblage; and that another copy thereof be sent by the Governor to the proper officer in charge of said Art Gallery.

"Approved August 23, 1879.

"ALFRED H. COLQUITT,
"*Governor.*"

After attending the presentation ceremonies of the portrait of Dr. Long, at the Capital of Georgia, Mr. Henri L. Stuart came to Athens, Ga., with the avowed purpose of visiting the grave of Dr. Long. The night of his arrival in Athens, Mr. Stuart was stricken with paralysis, at the residence of Mrs. Crawford W. Long. The City Council had passed resolutions prior to his visit, tendering him during his stay the hospitality of the city. Mr. Stuart, after lingering a short time, died, September 16, 1879, and was buried in Athens, by the side of Dr. Long, in response to the urgent request of the family of the latter. During his last illness, every tender attention that affectionate gratitude could prompt was given him by Dr. Long's family. The city authorities and the community also did all in their power to relieve the distress of their guest; and after his death, by a public funeral, paid every possible honor to his memory.

Digitized by Google

In recognition of the kindness and attention shown to Mr. Stuart, the following letter was written by his friends in New York City:

"*To the Authorities and Citizens of the City of Athens, Georgia:*

"The undersigned, among the friends and neighbors of the late Mr. Henri L. Stuart, of this city, hasten to express their appreciation of the kindness and attention shown to Mr. Stuart, during his last illness, and the demonstration of respect in his public funeral, by you and the people of Athens. Such a marked display of interest in, and respect for, one who was a comparative stranger to you all, is a striking illustration of the genuine hospitality of your people, and a marked tribute to the worthy qualities of the deceased.

"We have known Mr. Stuart for years, and are glad to bear our testimony to his many excellent qualities of mind and heart. He was instinctively interested in every object that promised relief to the suffering, or that favored the advancement of science and art. He was by nature, and the devotion of his life, a friend to his kind, and the last effort of his life was characteristic of the man.

"This effort, as you well know, was made to secure universal recognition of the merits and achievements of one of the benefactors of humanity—a citizen of your State. This work, so successfully accomplished, was a fitting crown to an active and useful career.

"It is fitting that his remains should be placed by the side of those of Dr. Long, and that the monument to be erected should commemorate the services of both of them.

"We beg to assure you that your great interest in, and kindness to, our friend, and neighbor, and fellow-citizen, are truly appreciated. Such acts are among the silken

Digitized by Google

cords which bind the people of different States and sections together.

" J. MARION SIMS,	HENRY S. HOWE,
" F. B. CARPENTER,	T. J. HARSON,
" WM. R. O'DONOVAN,	WILLIAM T. CLARKE,
" SAMUEL SINCLAIR,	JAMES A. O'BRIEN,
" ETHAN ALLEN,	WM. M. THOMS,
" JAMES W. SIMONTON,	ROBERT P. NEWTON,
" HIRAM CALLSINS,	R. G. REYNOLDS,
" MYRON PERRY,	W. B. BRADY,
" THOMASON ROOKER,	ROGER A. PRYOR,

" WHITELAW REID."

The National Eclectic Medical Association was the first national medical representative body to recognize, by resolution, Dr. Crawford W. Long, as the discoverer of anæsthesia, at its session in Cleveland, Ohio, June 18th, 1879. The following resolution was offered by Prof. Alexander Wilder, M.D., and seconded by Prof. Robert S. Newton, M.D., and unanimously adopted:

" *Resolved*, That this Association takes this occasion to declare its appreciation and recognition of the inestimable service rendered to medical science and humanity, and to express its consideration of the vast debt of gratitude—hitherto unrecognized—due to the late Dr. Crawford W. Long, of Athens, Georgia, by the discovery of anæsthesia, and hereby agrees to cordially unite in any public endeavor to honor his memory; and it also respectfully tenders its heartfelt sympathy to the bereaved family of the world's greatest benefactor,—Dr. Long having laid down his labors and his life since our last meeting, at the bedside of a patient, overworked and exhausted, dying almost instantly."

The foregoing summary of the proofs of Dr. Long's

Digitized by Google

claim, and statement of the public acts of its recognition, lead us to the following conclusions:

First—That Crawford W. Long was the first man to intentionally produce anæsthesia for surgical operations, and that this was done by sulphuric ether in 1842, and that he did not hit upon it by accident, but reasoned it out in a philosophical and logical manner. Therefore, he should receive the acknowledgment of the honor due him from his own State, the National Government, and the world.

Second—That the State of Georgia has officially recognized Dr. Long as the discoverer of surgical anæsthesia, by presenting his name for one of the statues in the National Art Gallery at Washington.

Third—That the National Government has given a quasi recognition to the claims of Dr. Long as being the first original discoverer of surgical anæsthesia, by accepting his name, thus presented by the State of Georgia.

Fourth—That the Medical Profession of the United States have given partial official recognition to this claim of Dr. Long.

Fifth—That it is only a question of time, when full justice must and will be done to the memory of Dr. Long, by positive official recognition of his claim by the National Government.

In the funeral sermon by Rev. Andrew A. Lipscomb, D.D., LL.D., delivered in Athens, Ga., June 17, 1878, the following language of Dr. Long, when speaking of his discovery, was quoted by him:

"I believe my profession is a ministry from God to me, and my only wish about it [the discovery], is to be known as a benefactor of my race."

Digitized by Google

And Dr. Long, in a letter of February 8, 1877, to Dr. Sims, uses this language:

"Instead of writing to Senator Dawson to unite our claims as Dr. Jackson requested, I wrote to Mr. Dawson to make no such compromise, but to place my claims solely on their merits; and if you will consult the Congressional proceedings of that time you will see that Mr. Dawson presented my claims separate and independent."

These utterances of Dr. Long prove—

Sixth—That he properly appreciated his great discovery, and desired only a simple recognition by the world of the great boon that he had conferred on mankind.

We do not feel it needful to add one word to stimulate the members of his profession, and the American public, to continued effort until crowned with success, to secure from the National Government official recognition of Dr. Crawford W. Long as the discoverer of anæsthesia.

For the benefit of those of his professional brethren who were not personally acquainted with Dr. Long, we make the following quotation from the funeral sermon by Rev. A. A. Lipscomb, D.D., LL.D., delineating his character:

"No one can value his profession who does not value his manhood. Dr. Long regarded his profession as a channel through which his inner and outer life might flow in blessing to the world. And, in that channel, it did flow; a stream tranquil, but strong, deepening and widening as it went onward; a water from the Fount of the old Bethesda that bore healing to so many. Dr. Long looked on his profession as a providential vocation. To him, it was not a mere work of humanity; it was this because it was more than this; and he accepted its tasks as a divine ordination, for which he was set apart by the touch of a Hand unseen. Occasionally, his profound sensibility on this subject would

Digitized by Google

break through his reserve, and then, words touching his supreme concern, would drop from the conscience of his soul. What those words were, his confidential friends know. But you all know that no man can do such work as Dr. Long did, 'except God be with him.' Nay, more; no man can do any true, noble, enduring work, 'except God be with him.' First and last, whoever the workman, he is nothing, 'except God be with him.' The solemn feeling, fervent no less than reverential, that God has given us a special work to do—that our eternal life hangs suspended on the issues thereof—that God's glory is not possible of promotion by us save by and through that single work well and bravely done, this feeling must possess and occupy our very hearts, must lift us high above the allurements of the world's gain and the charms of the world's renown, must add consecration to devotion, and inspiration to consecration, or, verily, all our work here antedates the final verdict of Almighty God, consigning it to the burning as 'wood, hay, stubble.' 'I believe,' said Dr. Long, 'my profession is a ministry from God to me;' and, again, speaking of his discovery of Anæsthesia by means of Sulphuric Ether, 'my only wish about it is to be known as a benefactor of my race.' Can you wonder that a man who acted out these sentiments, was a man of prayer? The need of prayer is always felt when our work is felt. No one could be much with Dr. Long under the pressure of anxiety in the sick chamber and not see prayer in the meditative stillness of his eyes.

"The event of his career was the discovery to which I have just alluded. Fortunately for the truth of history, Dr. J. Marion Sims, a distinguished physician, of New York, undertook last year to settle the claims of rivals to the first use of anæsthetic agents for surgical operations. The task could not have fallen into better hands. With that disinterested energy and manly devotion to the interests of medical science for which Dr. Sims is so justly and so wide-

Digitized by Google

ly celebrated, he collected the facts bearing on the point in issue. The result of the inquiry leaves no doubt as to the first discovery, and Dr. Long is now regarded in this country and Europe as entitled to this great honor. But he has gone from us now, and the honor can only be a part of his memory.

"Standing here in the presence of his remains, I am this day but the voice of the Church, of his professional brethren and of this whole community, when I say that in Dr. Long's death, we have lost an excellent man. He assumed nothing, pretended to nothing he was not, was thoroughly truthful in look, tone, manner and action, lived simply, treated every one considerately, and walked humbly before God. Modest even to the verge of timidity when nothing serious was at stake, he was stern and bold and utterly self-forgetting if responsibility had to be met or danger confronted. A large fund of intensity lay hidden in the depths of his quiet nature, which answered with instant and eager force if duty summoned him to action. Reticent as to his own merits, reticent too of his troubles lest he should disturb the happiness of others, he had none of that morbidness which retires into its capacious self and inflicts the pain of a chilling reserve on all who have the misfortune to come within its reach. Gentle, forbearing, faithful to every wise instinct, he kept the covenant of a heart's true life till his days were numbered. He had strength of will and much power of endurance. The minor heroisms which make up so large a share of a physician's experience, and of which the world knows so little, wrote many a paragraph in the annals of his life. Emphatically applicable to him were Wordsworth's lines, that—

> 'The facts of human existence
> Did take a sober coloring from an eye
> That had kept watch o'er man's mortality;'

and appropriate to him those other words also, which tell how some enjoy

Digitized by Google

'That best portion of a good man's life,—
His little, nameless, unremembered acts of kindness and of love.'

"Over threescore years were mercifully granted to him, and through him to us, to Georgia and the world. Day by day strengthened his hold on our families and the community. All his recent growth which was so manifest to the nearer circle of friends was upward into clearer light and purer air. It was noticeable, that the ideal of that profession, to which God has delegated the most solemn and pathetic trusts of our earthly being, steadily rose before his eye into loftier grandeur. Noticeable, too, was the fact, that his sympathies deepened for the sufferings of womanhood, and with keener enlistments of studious thought and warm affection, he worked and toiled and sorrowed in the tragic hours of her agony. Nor did those nearest him fail to observe how his old habits of reading the Bible and attending to private devotion waxed stronger and dearer as his professional engagements multiplied.

"It became him thus to live. It became him thus to die, while discharging the tenderest and holiest duty of his profession, by the bedside of a lady whose life was threatened. And if we have this afternoon to commit his mortal remains to the grave and say of him—Friend, Brother, Physician, Benefactor,—in the language of grief's litany: 'Dust to dust!' we shall give the manly virtues and Christian integrity of Crawford W. Long a dwelling-place where so many of the elect of our life and love are already gathered

'Beneath the umbrage deep,
That shades the silent world of memory.'"

H. H. Carlton, M.D.

Digitized by Google

DAVID SMITH BRANDON, M.D.

Dr. David Smith Brandon was born in Gwinnett County, Georgia, June 11th, 1821. He was educated at the Gwinnett Institution, and graduated as a physician at the College of Physicians and Surgeons, New York, in the class of 1846. He commenced practice at Columbus, Georgia, where he continued until 1848, and then removed to Thomasville, Ga., where he remained until removed by death, on March 11th, 1878.

During the War between the States, he served as surgeon, until 1864, when he resigned on account of important business matters, and returned to his home, but not to remain idle; for, as soon as his business was settled, he again reported as a volunteer surgeon to Northern Georgia among the sick and wounded of the Confederate Army, where he remained in active service until the close of the War. He may be said to have died in harness; for when too feeble to reach his office, he continued to prescribe at his house for many of his old patrons who were not willing to give him up until a few days prior to his death. The disease (Addison's) which terminated his useful life, and proved rebellious to the best-directed treatment, was slow, but sure. The descent from perfect physical manhood to childlike feebleness and death occupied nearly two years.

As a man, a physician and a surgeon, he was esteemed and beloved by all who knew him. Few men were

Digitized by Google

more successful in the operation for stone, and his surgical operations generally were neatly and satisfactorily performed. As a sincere Christian, his integrity, honesty and fair-dealing with all men, was above suspicion. With the full assurance of a well-spent life, he carried with him, from time into eternity, the full assurance of the perfect man—whose end is peace.

T. S. HOPKINS, M.D.

WILLIAM R. BURGESS, M.D.

Dr. William R. Burgess was born in Clarendon District, South Carolina, on the 7th of October, 1835, and died in Macon, Georgia, on the 28th of October, 1878, after a long and severe illness. He graduated in medicine in Charleston, S. C., in 1861, and began the practice of medicine at his native place. Soon after the beginning of the War, he entered the Confederate service, and was commissioned Assistant Surgeon. In 1864, on account of feeble health, he was relieved from the field, and sent to Macon, Ga., for hospital service, where he remained until the close of the War, when, having married Miss Picket, of Macon, he settled there, and began the practice of his profession. His first wife died in a few years, leaving him two children, a daughter and a son, both of whom are still living. His second wife, Miss Annie Chase, of South Carolina, still survives him.

Digitized by Google

Dr. Burgess, in all the relations of life, was highly esteemed. As a skillful physician and upright, faithful citizen and Christian, he had the confidence of his professional brethren, and the community. At the time of his death, he was Treasurer of the Medical Association of Georgia, and was also Annual Orator in 1878. He at various times, held all the offices of the Macon Medical Society, and at his death was Recording Secretary, which position he had held for a number of years. Dr. Burgess was a member of the Presbyterian church, and a consistent, humble Christian. In his death, his family, his church, his profession, and the community, have lost one who was faithful and devoted, and whose memory will long be cherished.

P. H. WRIGHT, M.D.

THOMAS D. L. RYAN, M.D.

Dr. T. D. L. Ryan was born in Warren County, Georgia, October 24th, 1823; and died of pneumonia at his home, in Pulaski County, April 27th, 1876. His father, Dennis L. Ryan, was a planter and lawyer of high standing; and in 1810, was the editor and proprietor of a paper, published at Milledgeville, called *The Argus*. Dr. Ryan was given a fair education, and after having graduated at the Medical College of Georgia, at Augusta, he located in Hawkinsville, in the year 1849, and entered upon the practice of

Digitized by Google

medicine; and soon stood among the first in the profession in the State. He was a gentleman of affable manners, pleasing address, and wonderful conversational powers. His popularity as a man was only equalled by his success as a physician. He diagnosed carefully and correctly, and never hesitated to act promptly on the dictates of his judgment, no matter how great the responsibility.

At the beginning of the late war, Dr. Ryan was elected Captain of the Pulaski Volunteers, a company of the Eighth Georgia Regiment, and commanded that company at Manassas, when the gallant Bartow fell; and was himself wounded in the foot. At the close of the War, he returned to his home, and again resumed the practice of medicine, which he continued up to the time of his death.

A. A. Smith, M.D.

WILLIAM CUMMING MUSGROVE, M.D.

Dr. W. C. Musgrove was born in the city of Augusta, Ga., December 10th, 1818; and died at his residence, in Burke County, Ga., September 21st, 1876, in the 58th year of his age, after a protracted illness of several months.

He was educated at Randolph Macon College, Virginia, and afterwards attended lectures and graduated at the Medical College of Georgia, in his native city. He then

Digitized by Google

spent several years in the medical schools and hospitals of Paris, Berlin and London; was at the Coronation of Queen Victoria, and upon that occasion performed one of his first surgical operations—in the streets of London,—which was ligating the temporal artery of a hack-driver, who had been thrown from his box.

He was a volunteer in the Seminole Florida War; and returning, entered upon the regular practice of his profession, in that very intellectual, wealthy and refined neighborhood, of Bar-Camp Church, Burke County. He at once acquired a large and lucrative practice, which he retained until his failing health forced him to retire from active labor.

He married Miss Eliza I. Burton, of Burke County, so well known for her many virtues, with whom he lived most happily.

Dr. Musgrove had a decided taste for military life. He was for many years prior to 1861, Captain of the Burke Guards, then an old and popular organization; went into the late War with his Company, as Senior Captain in the Third Georgia Regiment, and remained in the field until the reorganization of the Army, in 1862, when he was offered a higher position, but ill health compelled him to retire from the field, and accept a position as Hospital Surgeon. He was stationed at Milledgeville and Atlanta.

As a practitioner of medicine, Dr. Musgrove was eminently progressive; always prompt to adopt substantial improvements in the methods of treating disease. Not a few of the younger physicians of his county revert with pleasure to his pleasant and instructive consultations, his many acts of professional courtesy, and the words of en-

Digitized by Google

couragement he gave them at the commencement of their arduous career.

He also enjoyed a very considerable reputation in the practice of surgery, and performed many operations requiring high surgical attainments. On such occasions, he was always cool, cautious and self-possessed; at the same time prompt in meeting all surgical emergencies.

In personal appearance, Dr. Musgrove was handsome and commanding, and his face was ever ready to light up with an expression of benignity.

He was among the oldest members of this Association, having joined it in 1849; and always took great interest in its meetings, occupying for years the position of Corresponding Secretary.

He was a man of the greatest tenderness of feeling, mingled with firmness and force of character. He was during life a consistent, earnest member of the Baptist church, which honored him with many high positions; maintaining throughout life, cheerfulness and humor, with strict piety.

A. G. WHITEHEAD, M.D.

Digitized by Google

Digitized by Google

CONSTITUTION AND BY-LAWS

OF THE

Medical Association of Georgia.

CONSTITUTION.

(ADOPTED 1873.)

ARTICLE I.

NAME.

The name and style of this Association shall be, "THE MEDICAL ASSOCIATION OF GEORGIA."

ARTICLE II.

OBJECTS.

SECTION 1. The objects of this Association shall be, to organize the medical profession of the State in the most efficient manner possible; to encourage a high standard of professional qualifications and ethics; and to promote professional brotherhood.

ARTICLE III.

MEMBERS.

SECTION 1. There shall be only one class of members in this Association. Every regularly educated medical man within the limits of this State, who is a graduate of a regular Medical College in good standing, and who adopts and conforms to the Code of Ethics of the American Medical Association, shall be eligible to membership in this body.

ARTICLE IV.

OFFICERS.

SECTION 1. The officers of the Medical Association of the State of Georgia shall be as follows: 1st. One President;

Digitized by Google

2d. Two Vice-Presidents; 3d. One Secretary; 4th. One Treasurer; 5th. Five Censors.

SEC. 2. The President shall be elected for one year; the Vice-Presidents for one year; the Secretary for five years; the Treasurer for five years,—but every officer shall continue in office until his successor is duly elected and installed in office.

SEC. 3. The Board of Censors shall be elected at the present session by the Association—one for a period of five years, one for four years, one for three years, one for two years, one for one year; and annually hereafter the vacancy occurring in the Board of Censors shall be filled by election.

ARTICLE V.

PRESIDENT.

SECTION 1. The President shall be the chief executive officer of the Association. He shall preside at all the meetings of the body, preserve order, and give the casting vote, when necessary, and perform such other duties as parliamentary usage imposes on presiding officers.

SEC. 2. He shall prepare and deliver, at the opening of each annual session, an address on some subject connected with the interests and objects of this Association.

SEC. 3. He shall appoint annually the requisite number of delegates to the American Medical Association, and to such other scientific bodies as it may be expedient to have this Association represented in.

SEC. 4. He shall appoint an orator, whose duty it shall be to prepare and deliver a public address on some subject connected with medicine or the medical profession, at the next annual meeting after his appointment.

SEC. 5. He shall, in the intervals between the annual sessions, direct and control the general policy and business of the Association, but always with careful attention to the precedents and customary usages of the Association, and to its constitutional provisions.

ARTICLE VI.

VICE-PRESIDENTS.

SECTION 1. The Vice-Presidents, in their order, shall, in case of the absence or the death of the President, discharge all the duties belonging to the presidential office.

Digitized by Google

ARTICLE VII.

SECRETARY.

SECTION 1. The Secretary shall have charge of all the books, papers, and records of the Association, except those belonging to the office of Treasurer.

SEC. 2. He shall record the minutes of the Association at all its sessions.

SEC. 3. He shall conduct the correspondence of the Association under the direction of the President, and shall be Chairman of the Publishing Committee.

SEC. 4. He shall keep the roll of the members of this body who have retained their membership by compliance with the provisions of this Constitution, and also the names of those who have forfeited membership, together with the cause of such forfeiture.

SEC 5. In the absence of the Treasurer he shall collect the usual dues of the members in attendance at the regular sessions.

SEC. 6. The necessary expense incurred by the Secretary, in attending the annual sessions, shall be defrayed out of the funds of the Association.

ARTICLE VIII.

TREASURER.

SECTION 1. The Treasurer shall collect the annual dues and have custody of all the moneys belonging to the Association, and shall respond to the calls of the Secretary by order of the President, as far as he may have funds in his possession.

SEC. 2. He shall make annual reports of the financial condition of the Association, and the several amounts received during the year, and from whom; the several amounts due by the Association—if any—to whom, and on what account; the several amounts due to the Association—if any—by whom, and on what account.

SEC. 3. The necessary expense incurred by the Treasurer, in attending the annual sessions, shall be paid out of the funds of the Association.

ARTICLE IX.

CENSORS.

SECTION 1. The Board of Censors shall hold annual meet-

Digitized by Google

ings, concurrently with the annual sessions of the Association, to whom shall be referred all applications for membership, with vouchers from two members, and in such case their decision shall be reported to the body for action. Three of their number shall constitute a quorum, and the Chairman and Secretary shall be designated by the President.

SEC. 2. They shall take cognizance of all offenses against the Association or its Code of Ethics, and shall be authorized to strike from the list of membership all violators of its regulations, and shall report the names of the individuals and the offence for which action has been taken immediately to the Association, at which time, or at the next succeeding meeting, all such individuals may have the right of appeal to that body.

ARTICLE X.

FINANCES.

SECTION. 1. Every member of the Association shall pay annually into the Treasury such sum as the Association may determine; which amount, it is expected, will be paid during the session of the body.

ARTICLE XI.

CONSTITUTION.

SECTION. 1. The Constitution shall take immediate effect from its adoption.

SEC. 2. In the event of a failure of a quorum of the Board of Censors to attend at any annual meeting, it shall be the duty of the President to supply the vacancy by a temporary appointment.

The By-Laws now in operation, and Order of Business are adopted so far as they agree with the new Constitution.

ARTICLE XII.

ANNUAL MEETING.

The Annual meeting shall take place on the third Wednesday in April, and at such place as shall be designated by a majority of the Association.

Digitized by Google

BY-LAWS.

(ADOPTED 1875.)

ORDER OF BUSINESS.

The order of business of this body, unless altered by a two-thirds vote of the members, shall be as follows:

1. Calling the Association to order by the President, or, in case of his absence, by one of the Vice-Presidents.
2. Report of Committee of Arrangements.
3. President's Address.
4. Reading notes from absentees.
5. Election of members.
6. Reports of special committees.
7. Report of Committee on Publication.
8. Report of Committee on Necrology.
9. Report of Sections for Congressional Districts. [To be read by title and held subject to call of the Association.]
10. Voluntary Communications. [To be read by title and held subject to call of the Association.]
11. Appointment of Nominating Committee by the President. [This committee shall consist of one member from each county represented in the meeting. It shall nominate officers, standing committees, and the Sections for Congressional Districts. Their report shall be subject to the action of the Association.]
12. Selection of place for next annual meeting.
13. Unfinished business.
14. New business.
15. Report of Nominating Committee.
16. Appointment of Orator by the President.

STANDING COMMITTEES.

The Committee of Arrangements shall consist of five members who reside at the place selected for the ensuing meeting. It shall be their duty to provide suitable accommodations for the meetings of the Association, and to superintend the registration of the members in attendance.

The Committee on Publication shall consist of four members in addition to the Secretary, who is chairman *ex-officio*. They shall provide for the publication of the minutes of the

Digitized by Google

session, together with such papers as are deemed worthy. They shall also append to each volume of the Transactions a copy of the Constitution and By-laws of the Association, roll of membership, and Code of Ethics of the American Medical Association.

The Committee on Necrology shall consist of five members, whose duty it shall be to procure memorials of deceased members, and present them for publication in the Transactions.

SECTIONS.

Three members from each Congressional District shall be appointed as a Section on Surgery, three a Section on Practice of Medicine, and three a Section on Gynecology. It shall be the duty of these sections to present, annually, to the Association, a report on the subjects connected with their respective departments.

ASSESSMENTS.

Each member shall pay annually to the Treasurer such sum as the Association may determine.

OFFICERS—TIME OF ASSUMING THEIR DUTIES.

The Secretary and Treasurer shall enter upon the duties pertaining to their offices at the time of their election; the President, Vice-Presidents and Censors, at the commencement of the annual meeting succeeding their election.

AMENDMENTS.

(Any change in these By-Laws can only be made by a vote of two-thirds of all members present.)

I.

Physicians cannot become members of this Association unless present during the session, or the initiation fee of five dollars accompanies the application. [*Amended.*—See Amendment 1., of 1878, below.]

II.

The initiation fee for membership shall be five dollars, and the annual assessment five dollars, except for members

Digitized by Google

who have been that year elected. [*Amended.*—See Amendments 1., 2., and 3., of 1878, below.]

AMENDMENTS ADOPTED 1878.

1. An initiation fee of *five dollars* shall be required of every new member hereafter elected into the Association; which fee must accompany the application for membership.

2. An annual dues of *two dollars* from each member in attendance upon the meetings of the Association shall be paid, and the name of the member registered, before taking his seat in the Association, or participating in its deliberations.

3. An annual dues of *one dollar* from each absent member of the Association shall be paid to the Treasurer, on or before the first day of May of each current year.

4. The Treasurer shall, immediately after each meeting of the Association, issue a call for the dues of absent members, by postal card, impressing upon them the need of prompt payment of the small assessment herein provided, by every member of the Association, and notifying them of the constitutional provision requiring the names of delinquents to be stricken from the roll of membership by the Secretary.

III.

The name of any member who shall fail for two consecutive years to pay the annual assessment, shall be dropped from the roll of membership, the Treasurer first notifying such member of the state of his account.

IV.

Any paper presented to the Association, and recommended for publication by the Committee, shall not be published in any journal until the Secretary shall return it, announcing that the Committee on Publication decides that no Transactions will be issued.

V.

The names of all applicants for membership shall be first presented to the Association in body, and then referred to the Board of Censors. [See, also, duties of Censors—Constitution, Art. ix., Sec. 1.]

VI.

All papers intended to be published in the Transactions of this Association, shall be placed in possession of the Secretary within two weeks after adjournment.

Digitized by Google

ROLL OF MEMBERS

OF THE

MEDICAL ASSOCIATION OF GEORGIA.

1881.

ABBREVIATIONS.—P., President; V-P., Vice-President; S., Secretary; C-S., Corresponding Secretary; T., Treasurer; O., Orator; C., Censor,—indicating the offices the member holds or has held.

☞ *Members are particularly requested to notify the Secretary promptly on making any change in their Post Offices.*

☞ *The Secretary will esteem it a favor if any member will write to him at once on noticing any inaccuracy or omission in the roll.*

NAME.	POST OFFICE.	COUNTY.	ADMITTED.
ALEXANDER, L. B.	Forsyth	Monroe	1877
Alexander, J.	Rome	Floyd	1879
Alexander, Jas. F. (T., C., V-P.)	Atlanta	Fulton	1849
Allen, J. E.	Augusta	Richmond	1880
Alfriend, E. W. (V-P.)	Albany	Dougherty	1852
Anderson, R. B.	Roswell	Cobb	1872
Anderson, W. A. J.	Oxford	Newton	1873
Armstrong, W. S.	Atlanta	Fulton	1866
BAILEY, J. W.	Gainesville	Hall	1861
Baird, Jas. B. (S.)	Atlanta	Fulton	1872
Baker, A. H.	Augusta	Richmond	1876
Ballinger, M. R.	Rome	Floyd	1860
Bardwell, E. L.	Talbotton	Talbot	1872
Barnett, J. W.	Raytown	Taliaferro	1880
Battey, Robert (C., P.)	Rome	Floyd	1859

Digitized by Google

NAME.	POST OFFICE.	COUNTY.	ADMITTED.
Battey, W. W	Augusta	Richmond.	1876
Battle, R. J.	Cass Station	Bartow	1879
Bell, A. A	Madison	Morgan	1858
Bivings, J. C	Dalton	Whitfield	1873
Blackshear, J. Emmett (T.)	Macon.	Bibb	1866
Boring, Jno. M. (V-P.)	Atlanta.	Fulton	1856
Bouchelle, L. B	Thomasville	Thomas	1875
Bozeman, E. K	Americus	Sumter	1877
Brantly, S. D	Sandersville	Washington	1849
Brown, A. P	Atlanta	Fulton	1859
Bruce, W. N	Bainbridge	Decatur	1874
Bruce, W. W	Thomasville	Thomas	1881
CALHOUN, A. W. (V-P.)	Atlanta	Fulton	1874
Calhoun, F. R	Euharlee	Bartow	1873
Campbell, A. Sibley (O., S.)	Augusta	Richmond	1876
Campbell, H. F. (O., V-P., P.)	Augusta	Richmond	1851
Campbell, Robert	Augusta	Richmond	1849
Carroll, R. C	Augusta	Richmond	1873
Carswell, A. W	Herndon	Burke	1880
Chappell, T. A	Powers	Terrell	1877
Charlton, T. J. (C.)	Savannah	Chatham	1869
Charters, W. M. (P.)	Savannah	Chatham	1851
Clements, J. W	Subligna	Chattooga	1879
Coleman, Jno. S. (C.)	Augusta	Richmond	1868
Coleman, J. T.	Perry.	Houston	1851
Connally, E. L. (C.)	Atlanta	Fulton	1860
Cooper, Geo. F. (C-S., V-P.)	Americus	Sumter	1849
Copeland, A. B	Hamilton	Harris	1878
Couch, Geo. D.	Hoggard's Mill	Baker	1875
Crawford, G. G. (V-P.)	Atlanta	Fulton	1859
Culbertson, W. A	Cave Spring	Floyd	1859
Culpepper, J. T	Boston	Thomas	1881
DEADWILER, M. P	Elberton	Elbert	1868
Dean, T. W	Atlanta	Fulton	1878

Digitized by Google

NAME.	POST OFFICE.	COUNTY.	ADMITTED.
Dekle, Thos. S.	Thomasville	Thomas	1874
Dostor, B. R. (V-P)	Blakely	Early	1873
Doughty, W. H. (O.)	Augusta	Richmond	1857
Doughty, W. H., Jr.	Augusta	Richmond	1880
Dozier, J. A.	Wrightsboro	McDuffie	1873
Dugas, Geo. C.	Augusta	Richmond	1880
Dugas, L. A. (P.)	Augusta	Richmond	1852
Duggan, J. R	Macon	Bibb	1880
Duncan, William (T.)	Savannah	Chatham	1868
ELLIOTT, W. H	Savannah	Chatham	1881
Evans, W. W	Oxford	Newton	1872
Eve. J. A. (P)	Augusta	Richmond	1852
Eve, R. C.	Augusta	Richmond	1868
Eve, S. C	Augusta	Richmond	1868
FAVER, PAUL	Fayetteville	Fayette	1873
Fitts, W. W.	Carrollton	Carroll	1878
Ford, DeSaussure (V-P., P.)	Augusta	Richmond	1857
Ford, L. D. (P.)	Augusta	Richmond	1849
Ford, O. R	Rome	Floyd	1877
Foster, Eugene (V-P.)	Augusta	Richmond	1875
GAITHER, HENRY	Oxford	Newton	1851
Gay, D. E	Herndon	Burke	1875
Gercke, R. O	Augusta	Richmond	1876
Goodrich, E. C	Augusta	Richmond	1876
Gordon. C. P	Dalton	Whitfield	1861
Goss, I. H	Fort Lamar	Madison	1877
Gray, S. H	Forsyth	Monroe	1871
Green, J. G	Rock Mart	Polk	1879
Gregory, J. M	Rome	Floyd	1860
Griggs, A. W. (O., V-P.)	West Point	Troup	1866
Griggs, J. W	West Point	Troup	1878
Grimes, Geo. J	Columbus	Muscogee	1872

Digitized by Google

NAME.	POST OFFICE.	COUNTY.	ADMITTED.
Grimes, T. W	Columbus	Muscogee	1855
HALL, CHARLES H. (C.)	Macon	Bibb	1870
Hall, Kenan	Macon	Bibb	1881
Hall, W. H	Milledgeville	Baldwin	1872
Hamilton, J. L	Stone Mountain	DeKalb	1859
Hammond, D. W. (V-P.)	Macon	Bibb	1854
Harden, W. P	Smyrna	Cobb	1859
Hardman, L G	Harmony Grove	Jackson	1877
Harris, M. W	Perry	Houston	1853
Hatton, Joseph	Grovetown	Columbia	1876
Hatch, M. G	Tennille	Washington	1880
Hawkins, S. B. (V-P.)	Americus	Sumter	1871
Haynes, M	Red Clay	Whitfield	1879
Heery, D. O. C	Atlanta	Fulton	1859
Hickman, C. W	Augusta	Richmond	1880
Hill, J. J	Washington	Wilkes	1880
Hilsman, P. L	Albany	Dougherty	1871
Hitt, V. G	Augusta	Richmond	1870
Hollingsworth, W. T	Madison	Morgan	1857
Holmes, G. W. (V-P., P., C.)	Rome	Floyd	1867
Holmes, J. B. S	Rome	Floyd	1872
Holt, William F. (V-P., P.)	Macon	Bibb	1867
Hopkins, J. G	Thomasville	Thomas	1874
Hopkins, T. S	Thomasville	Thomas	1873
Houstoun, J. P. S	Savannah	Chatham	1873
Howell, D. H	Atlanta	Fulton	1878
Hoyt, W. D	Rome	Floyd	1871
Humphries, J. R	Acworth	Cobb	1876
Hunter, E. H. W	Louisville	Jefferson	1857
JANES, J. W	Rome	Floyd	1879
Johnson, H. V	Bartow	Jefferson	1874
Johnson, J. C	Macon	Bibb	1875
Johnson, Jno. M	Atlanta	Fulton	1866
Johnson, J. Thad. (O., S., P.)	Atlanta	Fulton	1871

Digitized by Google

NAME.	POST OFFICE.	COUNTY.	ADMITTED.
Jones, L. M.	Gordon	Wilkinson	1880
Jordan, F. M.	Hawkinsville	Pulaski	1878
Jordan, M. G. W.	Culloden	Monroe	1874
KENAN, THOS. H., (V-P.)	Milledgeville	Baldwin	1875
Kendrick, W. S. (O.)	Dirt Town	Chattooga	1874
LALLERSTEDT, T. L.	Panola	DeKalb	1863
Lane, J. A.	Washington	Wilkes	1880
LeHardy, Henry	Dillon	Walker	1875
LeHardy, J. C. (T., V-P., P.)	Savannah	Chatham	1868
Leitner, C. B.	Columbus	Muscogee	1852
Logan, J. P. (P.)	Atlanta	Fulton	1857
Longino, T. D.	Palmetto	Campbell	1871
Love, Wm. Abram (V-P.)	Atlanta	Fulton	1866
MAGRUDER, A. L. C.	Macon	Bibb	1870
Mallette, M. R.	Boston	Thomas	1881
Martin, Jno. D.	Savannah	Chatham	1867
Mathis, A.	Sandersville	Washington	1872
McCall, D. T	Cave Spring	Floyd	1879
McCleskey, G. L.	Athens	Clarke	1857
McIntosh, T. M. (V-P.)	Thomasville	Thomas	1875
McMillan, J. E.	Albany	Dougherty	1870
McMillan, Jno. E.	Columbus	Muscogee	1872
Means, A. (V-P., P.)	Oxford	Newton	1851
Miller, Geo. T.	Byromville	Dodly	1879
Miller, H. V. M.	Atlanta	Fulton	1851
Mitchell, D. L.	Rock Spring	Walker	1879
Mitchell, Thos. S.	Hamilton	Harris	1872
Moore, K. P. (V-P., O., T.)	Forsyth	Monroe	1871
Moore, J. T.	Whitesburg	Carroll	1878
Moore, W. C.	Clarkston	DeKalb	1861
Morgan, Y. H.	Cochran	Pulaski	1871
Myers, R. P. (S.)	Savannah	Chatham	1867

Digitized by Google

NAME.	POST OFFICE.	COUNTY.	ADMITTED.
NASH, J. D.	Lovejoy	Clayton	1878
Nicolson. William P.	Atlanta	Fulton	1880
Nisbet, R. B	Eatonton	Putnam	1851
Norton, R. G	Egypt	Effingham	1872
Nunn, R. J	Savannah	Chatham	1867
O'DANIEL, WM. (T., P.)	Bullards	Twiggs	1870
Olmsted, J. C.	Atlanta	Fulton	1878
Owen, W. G	Atlanta	Fulton	1868
PATE, R. H.	Snow	Dooly	1879
Perkins, J. O.	Atlanta	Fulton	1878
Perry, A. C.	Covington	Newton	1878
Philpot, W. H	Talbotton	Talbot	1857
Pinson, A. J	Atlanta	Fulton	1878
Pope, J. E.	Athens	Clarke	1876
Powell, T. O	Milledgeville	Baldwin	1867
Powell, T. S. (V-P.)	Atlanta	Fulton	1857
RAINES, THOMAS	Atlanta	Fulton	1872
Read, J. B.	Savannah	Chatham	1851
Richardson, E. H., Jr. (O.)	Cedar Town	Polk	1878
Rieves, W. J	Calhoun	Gordon	1879
Roach, E. J.	Atlanta	Fulton	1857
Roberts, J. B.	Sandersville	Washington	1875
Robertson, S	Dallas	Paulding	1881
Roy, G. G	Atlanta	Fulton	1878
Rusk, W. J.	Clarkesville	Habersham	1869
SAMPLE, C. L.	Cannoochee	Emanuel	1875
Scott, H. F. (O.)	Atlanta	Fulton	1879
Searcy, D. B	Bolingbroke	Monroe	1849
Shaw, T. M.	Coosaville	Floyd	1878
Shefftal, B. F.	Savannah	Chatham	1878
Shi, A. H.	Pataula	Stewart	1860

Digitized by Google

NAME.	POST OFFICE.	COUNTY.	ADMITTED.
Simpson, C. A.	Roswell	Cobb	1871
Slappey, J. G.	Buzzard Roost	Twiggs	1875
Slaughter, J. T.	Villa Rica	Carroll	1859
Smith, A. A.	Hawkinsville	Pulaski	1875
Smith, C. D.	Newnan	Coweta	1872
Smith, G. F.	Cartecay	Gilmer	1874
Smith, Hiram	Augusta	Richmond	1876
Smith, J. B.	Perry	Houston	1870
Stanford, F. A.	Columbus	Muscogee	1849
Steiner, H. H.	Augusta	Richmond	1857
Sterling, W. L.	Atlanta	Fulton	1878
Stevens, J. P.	Macon	Bibb	1873
Stone, Geo. H.	Savannah	Chatham	1875
Stout, S. H. (s.)	Chattanooga	[Tennessee]	1866
Strother, Wm. A.	Albany	Dougherty	1867
TALIAFERRO, V. H. (v-p.)	Atlanta	Fulton	1857
Talley, H. M.	Nashville	Berrien	1875
Taylor, A. P.	Thomasville	Thomas	1873
Taylor, A. R.	Hawkinsville	Pulaski	1878
Taylor, J. P.	Senoia	Coweta	1859
Taylor, R. H.	Griffin	Spalding	1879
Thomas, J. G. (v-p., c., p.)	Savannah	Chatham	1867
Tidwell, P. M.	Fairburn	Campbell	1859
Todd, J. S. (o.)	Atlanta	Fulton	1872
Twitty, W. W.	Camilla	Mitchell	1874
UNDERWOOD, J. B.	Cave Spring,	Floyd	1860
VAN METER, J. N.	Euharlee	Bartow	1879
WALKER, T. F.	Cochran	Pulaski	1859
Waring, J. J.	Savannah	Chatham	1853
Wells, W. B. (c., v-p.)	Red Clay	Whitfield	1873
Westmoreland, J. G.	Atlanta	Fulton	1849

Digitized by Google

NAME.	POST OFFICE.	COUNTY.	ADMITTED.
Westmoreland, R. W.	Atlanta	Fulton	1879
Westmoreland, W. F. (P.).	Atlanta	Fulton	1856
Wethington, R. T.	Thomasville	Thomas	1881
Whitaker, J. M.	Milledgeville	Baldwin	1881
Whitehead, A. G.	Waynesboro	Burke	1869
Wirsen, G. F.	Rutledge	Morgan	1871
Wisdom, F. L.	Buena Vista	Marion	1873
Wood, W. S.	Camilla	Mitchell	1881
Word, T. J. (V-P.)	Rome	Floyd	1874
Wright, A. W.	Cave Spring	Floyd	1879
Wright, P. H.	Macon.	Bibb	1869
Wright, Thomas R.	Augusta	Richmond	1880

Digitized by Google

IN MEMORIAM.

☞ SPECIAL REQUEST TO EVERY MEMBER.—The Secretary *earnestly requests each member of the Association* to aid him *in filling* THE BLANKS in the following Roll of Deceased Members, *by making the necessary inquiries* in their respective cities and counties, *and writing him at once* on obtaining the desired information.

NAME.	POST-OFFICE.	COUNTY.	ADMITTED.	DIED.
Adams, C. B.	Augusta	Richmond	1868	1875
Alexander, J. R.		Floyd	1849	
Arnold, R. D. (V-P., P.)	Savannah	Chatham	1849	1876
Avery, J. C.	Decatur	DeKalb	1859	1873
Banks, J. T. (V-P., P.)	Spalding	Griffin	1853	1880
Barkwell, T. J.	Hawkinsville	Pulaski	1859	
Battle, H. L.	Russellville	Monroe	1849	
Bell, T. W.	Busbyville	Houston	1853	
Bignon, H. A.	Augusta	Richmond	1852	1870
Billing, S. A.	Columbus	Muscogee	1855	1872
Black, R. C. (T.)	Augusta	Richmond	1852	1860
Bomar, B. F.	Atlanta	Fulton	1859	
Boswell, S. J. (V-P.)	Columbus	Muscogee	1855	
Bothwell, D. J.	Vienna	Dooly	1849	
Bozeman, J. F.	Atlanta	Fulton	1855	1877
Brandon, D. S.	Thomasville	Thomas	1873	1878
Broadhurst, W. W.	Augusta	Richmond	1852	1861
Bruce, R. J.	Thomasville	Thomas	1874	1880
Bunn, William	Wilna	Houston	1854	
Burgess, William R. (T., O.)	Macon	Bibb	1870	1878
Carroll, J. C.	Laurens Hill	Laurens	1857	1870
Castlen, F. G.	Macon	Bibb	1867	1874
Chase, D. S.	Augusta	Richmond	1852	
Clark, S. B.	Richm'd Fact'ry	Richmond	1852	

Digitized by Google

NAME.	POST-OFFICE.	COUNTY.	ADMITTED.	DIED.
Coe, J. N.	Flat Rock	Pike	1856	
Colley, F. S. (P.)	Monroe	Walton	1856	
Cornwall, G. H.	Hillsboro	Jasper	1854	
Crawford, S. S.	Augusta	Richmond	1857	
Crump, E. L.	Herndon	Burke	1872	1881
Cumming, H. M.	Augusta	Richmond	1868	1872
Cunningham, L. S.	Big Creek	Forsyth	1859	1862
Cunningham, W. D.	Jasper	Pickens	1859	1866
D'Alvigney, N.	Atlanta	Fulton	1877	
Davenport, C. W.	Point Peter	Oglethorpe	1852	
Davenport, H. S.	Calhoun	Gordon	1859	
Davis, W. L.	Albany	Dougherty	1849	
Dean, S. H.	Conyers	Rockdale	1856	
Dearing, W. E.	Athens	Clarke	1852	
DeCortez, C. A.	Savannah	Chatham	1872	
Dickinson, J. T.	Albany	Dougherty	1857	
Dickinson, R. Q. (V-P., P.)	Albany	Dougherty	1850	
Dupree, L. J.	Camilla	Mitchell		
Felder, W. L.	Augusta	Richmond	1857	1867
Fish, J. D. (T.)	Savannah	Chatham	1875	1879
Fort, Moses T.	Hawkinsville	Pulaski	1859	1878
Franklin, M. A.	Macon	Bibb	1849	1858
Frasier, W. M.	Hawkinsville	Pulaski	1850	
Gaither, B. T.	Oxford	Newton	1852	1853
Gardner, J. W.	Augusta	Richmond	1857	
Girardey, Edward	Augusta	Richmond	1852	1859
Gordon, J. M.	Savannah	Chatham	1849	
Green, A. B.	Pond Town	Sumter	1849	
Green, H. K.	Macon	Bibb	1849	1867
Green, Thomas F.	Milledgeville	Baldwin	1849	1879
Gregory, J. D.		Sumter	1849	
Habersham, J. C.	Savannah	Chatham	1853	
Habersham, J. C., Jr. (V-P.)	Savannah	Chatham	1866	1881
Habersham, S. E.	Eatonton	Putnam	1870	
Harrell, W. J.	Bainbridge	Decatur	1874	1881

Digitized by Google

NAME.	POST-OFFICE.	COUNTY.	ADMITTED.	DIED.
Harris, S. N. (V-P.)	Savannah	Chatham	1851	1854
Harrison, Gabriel	Macon	Bibb	1862	
Harriss, Juriah (O., V-P.)	Savannah	Chatham	1852	1876
Hart, A. C.	Waynesboro	Burke	1852	
Hawes, E. C.	Appling	Columbia	1852	
Heard, T. O.	Griffin	Spalding	1867	
Hendrick, J. B.	Covington	Newton	1857	1881
Henry, G. C.	West Point	Troup	1872	
Hook, E. B.	Augusta	Richmond	1857	1862
Hoxey, Thomas	Columbus	Muscogee	1849	1853
Ingraham, E. P.	Albany	Dougherty	1870	1873
Irvine, Robert	Augusta	Richmond	1880	1881
Johnson, C. W.	Macon	Bibb	1870	1875
Jones, B. O.	Atlanta	Fulton		
Jones, J. W.	Atlanta	Fulton	1857	1871
Kirkscey, E. J. (V-P.)	Columbus	Muscogee	1871	1877
Kollock, P. M. (P.)	Savannah	Chatham	1852	1872
Lamar, T. R. (V-P.)	Macon	Bibb	1849	1859
Lightfoot, W. S.	Macon	Bibb	1849	1864
Lockhart, R. H.	Columbus	Muscogee	1855	1859
Long, Crawford W.	Athens	Clarke	1849	1878
Lumpkin, George	Maxey's Depot	Oglethorpe	1859	
Lumpkin, S. P.	Watkinsville	Clarke	1859	
Mackie, J. D.	Augusta	Richmond	1852	1854
Maffitt, R. G. W.	Dalton	Whitfield	1859	
McBride, W. G.	Oconee	Washington	1856	1873
McGoldrick, R.	Macon	Bibb	1849	1853
McKinley, C. A.	Newnan	Coweta	1859	
Means, O. S.	Oxford	Newton	1857	
Meière, William S.	Madison	Morgan	1857	
Morrison, D. H.	Savannah	Chatham	1868	1869
Musgrove, W. C. (C-S.)	Midville	Burke	1849	1876
Nash, R. A.	Marion	Twiggs	1849	
Nisbet, R. H.	Eatonton	Putnam	1854	1873
Nottingham, C. B. (S., T., C., P.)	Macon	Bibb	1849	1876

Digitized by Google

NAME.	POST-OFFICE.	COUNTY.	ADMITTED.	DIED.
Nunn, R. M.	Savannah	Chatham	1871	1873
Ogilby, H. J. (V-P.)	Madison	Morgan	1849	1873
O'Keeffe, D. C. (S.)	Atlanta	Fulton	1852	1871
Orme, L. H. (S.)	Atlanta	Fulton	1866	1872
O'Sullivan, ——	Cork	Lee	1849	
Owen, J. D.		Baldwin	1850	
Parsons, J. M.	Russellville	Monroe	1849	
Pitts, G. W.	Starr	Butts	1859	
Posey, J. F.	Savannah	Chatham	1851	
Pringle, W.	Covington	Newton		
Ragan, Isham H.	Palmyra	Lee	1856	
Rauschenberg, Christian	Atlanta	Fulton	1861	1878
Richardsone, C. P.	Savannah	Chatham	1851	1853
Ridley, R. A. T. (V-P.)	LaGrange	Troup	1859	1871
Robertson, J. J.	Washington	Wilkes	1852	1872
Roddy, R. L. (V-P.)	Forsyth	Monroe	1849	1878
Ruffin, W. R.	Augusta	Richmond	1852	
Russell, W. J.	Lawrenceville	Gwinnett	1861	
Ryan, T. D. L.	Hawkinsville	Pulaski	1859	1876
Saffold, S. J.	Madison	Morgan	1856	1859
Shropshire, J. W.			1871	
Simmons, J. N.	Atlanta	Fulton	1850	1871
Simmons, J. S.	Gainesville	Hall	1873	1879
Simmons, S. B.	Augusta	Richmond	1852	1867
Simmons, T. A.	Irwinton	Wilkinson	1871	1872
Smith, A. D.	Montezuma	Macon	1871	
Smith, C. W.	Jonesboro	Clayton	1859	
Smith, R. M. (C.)	Athens	Clarke		1879
Smith, Thomas	Savannah	Chatham	1858	1876
Spier, W. A.	Grantville	Coweta	1859	
Stallings, J. D.	Preston	Webster	1871	
Starr, E. P.	Savannah	Chatham	1868	1873
Steele, H.	Knoxville	Crawford	1849	
Steele, R. T.	Fairburn	Campbell	1849	
Stephens, W. B.	Forsyth	Monroe	1849	

Digitized by Google

NAME.	POST-OFFICE.	COUNTY.	ADMITTED.	DIED.
Stewardson, Thomas	Savannah	Chatham	1849	
Strozier, L. L.	Albany	Dougherty	1867	
Sutton, C. B.		Lee	1856	
Taylor, E. T.	Columbus	Muscogee	1855	
Taylor, R. N.	Hawkinsville	Pulaski	1850	
Thompson, Charles	Macon	Bibb	1849	1854
Trammell, A. A.	Forsyth	Monroe	1856	
Wall, W. W.	Calhoun	Gordon	1860	
Ware, A. E. O.			1859	
Wells, C. H.	Savannah	Chatham	1853	1854
West, Charles (P.)	Perry	Houston	1849	
West, C. W.	Savannah	Chatham	1853	1859
White, S. G. (V-P.)	Milledgeville	Baldwin	1868	1877
Whitlock, Isaac W.	Washington	Wilkes	1852	1853
Wiley, J. B.	Macon	Bibb	1849	
Williams, T. L.		Dooly	1849	
Williams, W. L.	Fayetteville	Fayette	1873	1879
Willingham, Willis	Lexington	Oglethorpe	1849	1872
Winn, G. A.	Bolingbroke	Monroe	1849	
Woodson, C. T.	Wilna	Houston	1854	
Wooten, W. H.	Lexington	Oglethorpe	1852	1860
Wragg, J. A.	Savannah	Chatham	1853	
Yonge, Easton	Savannah	Chatham	1880	

JOSEPH LOVEDAY, PRINTER, AUGUSTA, GEORGIA.

JAN 24 1914

Digitized by Google

BRAIN AND NERVE FOOD.

VITALIZED HYPO-PHOS-PHITES.

Prepared from the Phosphoid Principles of the Ox-Brain and Wheat-Germ.

NATURE'S NERVE TONIC, NOT A LABORATORY COMPOUND.

Physicians have found that it gives nourishment to the brain and nerves by supplying the elements that are removed by excessive mental or physical labor, excitement, worry or over-anxiety. In this way it restores the elements the loss of which causes exhaustion, nervousness, loss of memory, and impaired vitality.

In the practice of thousands of physicians it has been found to be the best ***PREVENTIVE*** *of Consumption and all diseases of debility.*

A Physician writing says: "I use it with ***EXCELLENT*** *results in the imperfect mental or bodily growth of children, and with all feeble and nervous women during pregnancy and nursing."*

It is a regenerator of nerve tissue, not a mere diuretic like phosphoric acid.

Physicians have prescribed 500,000 packages.

Formula printed on every package.

F. CROSBY CO.,

664 AND 666 SIXTH AVENUE, NEW YORK.

For Sale by all Wholesale and most Retail Druggists.

Digitized by Google

Put Up IN CANS OF
1 lb.
5 "
10 "
25 "
50 "
100"

REGISTERED COSMOLINE TRADE MARK

Unguentum Petrolei

Prepared by E.F.Houghton & Co.Philadelphia,U.S.A.

SAMPLES furnished on application.

The Post Office Laws forbid anything of an oleaginous nature being sent through the mail.

In chemical composition, Cosmoline [Unguentum Petrolei] is an oleaginous hydrocarbon, corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of the formulæ $C_{16}H_{34}$ and $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formulæ C_7H_{16} and C_7H_{14}, respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification, no acids, alkalies, or other chemicals are employed, and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, and unctuous feel.

Cosmoline [Unguentum Petrolei] melts at about 100° Fah. (38° Cent.); and boils at about 625° Fah. (329° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxydizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

---

291 Madison Avenue, New York, February 26th, 1878.

I have examined the preparations of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants, and as the bases of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M.D., LL.D.,
Emeritus Professor of Clinical Surgery in the University of New York; Visiting Surgeon to Presbyterian Hospital, etc.

Messrs. E. F. Houghton & Co.: Philadelphia, July 10th, 1880.

I have for a number of years made extensive use of Cosmoline [Unguentem Petrolei] and consider it a most valuable article for surgical purposes. Either as a dressing by itself, or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly, JOHN H. PACKARD, M.D.

Messrs. E. F. Houghton & Co.: 1031 Walnut Street, Philadelphia.

I have used extensively Cosmoline [Unguentum Petrolei] both in dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable, and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,
JOHN V. SHOEMAKER, A.M., M.D.,
Physician to the Pennsylvania Free Dispensary for Skin Diseases.

Messrs. E. F. Houghton & Co.: 208 West 34th Street, New York.

Gents:—I fully appreciate the value of your Cosmoline, or Unguentum Petrolei, and prescribe it frequently in ointments. Fluid Cosmoline I have used constantly for several years, as a lubricant of urethral sounds. It is the cleanest oil I know of for this purpose.

Yours truly, GEO. HENRY FOX.

PREPARED BY

E. F. HOUGHTON & CO.,

211 South Front Street, Philadelphia.

Digitized by Google

FOR CONSUMPTION AND WASTING DISEASES.

HYDROLEINE

Has been proved of the highest value in CONSUMPTION and all WASTING DISEASES, invariably producing IMMEDIATE INCREASE in FLESH and WEIGHT.

FORMULA OF HYDROLEINE.

Each Dose of Two Teaspoonfuls, Equal to 120 Drops, Contains:—

Pure Oil .....80 m. (drops.)	Soda.....1-3 grain.
Distilled Water ..35 "	Boric Acid .....1-4 "
Soluble Pancreatine 5 grains.	Hyocholic Acid.....1-20 "

DOSE.—Two teaspoonfuls alone or mixed with twice the quantity of soft water, to be taken thrice daily with meals.

The principles upon which this discovery is based have been described in a Treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, Ph.D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

☞ ***Copies of these valuable works will be sent free on application.***

—HYDRATED OIL—

HYDROLEINE

—WATER AND OIL—

May be described as partially digested oil, which will nourish and produce increase in weight in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE, which may be discontinued when the usual average weight has been permanently regained.

The ordinary so-called emulsions of Cod-Liver Oil and other fats, *whether pancreatized or not*, merely remain in the form of a coarse mechanical mixture for a short time after agitation. The digestion of oil, having in no sense been artificially produced, still devolves upon those functional powers the deficiency of which is the most prominent symptom in these cases.

Hydroleine is not a patent medicine or a secret preparation; the formula is on every bottle. Can be taken by the most delicate stomach; is immediately assimilated.

The permanence and perfection of the emulsion, and the extreme solubility of the HYDRATED OIL, solely prepared and sold by us under the name of HYDROLEINE, is shown by its retaining its cream-like condition as long as the purest Cod-Liver Oil will retain its sweetness. Unlike the preparations mentioned, or simple Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes Hydrated Oil is invaluable, supplying as it does the true brain food. Economical in use—certain in result. Tonic, Digestive, and Highly Nutritive.

NEW PRINCIPLE FOR THE ASSIMILATION OF FAT

WILLIAM F. KIDDER, Agent for the United States,

DEPOT, 83 JOHN STREET, NEW YORK.

Digitized by Google

Hydroleine or Hydrated Oil as a Therapeutic Agent in Wasting Diseases.

By W. H. BENTLEY, M.D., LL.D.,

VALLEY OAK, KY.

In October, 1880, I read an advertisement of Hydroleine in some medical journal. The formula being given, I was somewhat favorably impressed, and requested the two pamphlets that the advertiser, Mr. William F. Kidder, of 83 John Street, New York, proposed to send: One on "The Digestion and Assimilation of Fats in the Human Body," and the other on "The Effects of Hydrated Oils in Consumption and Wasting Diseases." In due time I received the pamphlets. They are ably written, and afford an interesting study. Their doctrines are so reasonable, that I got up faith enough to have my druggist to order a sufficient supply to thoroughly test the merits of the preparation.

I was ready to catch at anything to take the place of cod-liver oil. In my hands it has proved an utter and an abominable failure in ninety-five per cent. of all my cases in which I have prescribed it since I have been engaged in country practice, and it never benefited more than forty per cent. of my city patients.

The inland people, who seldom eat fish, can rarely digest cod-liver oil. Almost every week I am consulted by some victim of the *cod oil mania* who has swallowed the contents of from one to twenty-five bottles, and who has been growing leaner, paler, and weaker all the while, until from a state of only slight indisposition, these patients have become mere "living skeletons." Nearly all complain of rancid eructations, and an unbearable fishy taste in their mouths from one dose to another. They not only fail to digest the cod oil, but this failure overloads the digestive organs to such an extent that digestion and assimilation of all food becomes an impossibility, the patient languishes and pines, and finally dies of *literal starvation.* In the comparatively small number with whom I have found cod-liver oil to agree, it has proved very gratifying in its results. In my practice, by far the largest number receiving benefit from it have been children. Those who have, previous to their illness, been accustomed, to some extent, to a "fish diet," will be more likely to digest the oil, and more notably so in cold climates. Still the innumerable efforts that have been made in the shape of "pure cod-liver oil," "palatable cod-liver oil," "cod-liver oil with pepsin," "cod-liver oil with pancreatin," "cod-liver oil emulsions," etc.,

Digitized by Google

and so on, *ad infinitum*, attest the fact that the great *desideratum* after all is to render cod-liver oil capable of retention by the stomach, and digestible when it is retained.

As Hydroleine is partially digested oil, and this partial digestion is brought about by a combination of factors suggested by actual physiological experiments, these facts commend it to my confidence, and a trial of the preparation in seven typical cases convinces me that it possesses a high degree of merit, and I feel that it is a duty incumbent upon me to call the attention of my medical brethren to the subject.

The first case in which I prescribed it was that of a married lady 28 years of age, a blonde, and the mother of four children, the eldest 9, and the youngest 1 year old. From the birth of this last child she dated her illness, for she made a tardy convalescence, remaining unable to walk for a month. Soon after she began to grow weaker, and soon resumed her bed, which she had not left to any extent since, not at any time being able to sit up longer than fifteen or twenty minutes. During all this time she was under charge of a skillful physician. He had tried many remedies to check the rapid emaciation; among these were several different brands of malt extract, cod-liver oil, and various mixtures of the oil. None of the oils and their mixtures agreed with her. In March, I was called and prescribed Hydroleine, a bottle of which I delivered at the time, directing her to commence with teaspoonful doses, to be gradually increased to twice the amount. It agreed with her finely, and by the time the first bottle was used she was very greatly improved. She procured and used two additional bottles, and, at this writing, June 15th, is considered well.

The above case was one of general and persisting emaciation, unaccompanied by any cough or perceptible thoracic trouble. The ensuing case was one of diagnosed

TUBERCULAR PHTHISIS.

The patient, a married lady, æt. 32, has been married about 14 years, and was the mother of six children, the youngest two years of age. Several of her sisters had died of the above-mentioned disease. Her medical adviser prescribed cod-liver oil, and she had taken a full dozen bottles with plenty of whiskey. The oil had not been digested, although it had been retained by the stomach. Her cough had grown constantly worse, and she grew rapidly weaker, week by week. I prescribed Hydroleine for her, and she commenced to take it in April, about the 15th. It agreed with her finely. She rapidly gained weight and strength; her cough was relieved and has now nearly ceased She has used nearly four bottles, and continues to use it, though apparently well.

I have prescribed it in three other cases, in two of which the results have been equally gratifying, but in the other case it produced nausea and greasy eructations.

From these trials I am led to think quite favorably of the hydrated oil, and am led to believe that, although it may not agree with all, it will be found of great and permanent benefit to a very large per cent. of consumption and other "wasting" diseases, and that it is destined, at no distant day, to very largely supplant the undigested oils.

Digitized by Google

During The Past Year

We Placed Maltine and several of its compounds in the hands of one hundred leading Physicians of the United States, Europe, Australia, and India, with a request that they thoroughly test it in comparison with other remedies which are generally used as constructives in Pulmonary Phthisis and other wasting diseases.

From the tone of the seventy reports already received, fifteen of which are upon comparative tests with the principal Extracts of Malt in the market, we are fully justified in making the following claims, viz.:

FIRST:—That Maltine (Plain) increases weight and strength far more rapidly than Cod Liver Oil or other nutritive agents.

SECOND:—That Maltine, Maltine with Peptones, and Maltine with Pepsin and Pancreatine rapidly correct imperfect digestion and malnutrition in wasting diseases.

THIRD:—That Maltine is the most important constructive agent now known to the Medical Profession in Pulmonary Phthisis.

FOURTH:—That Maltine causes an increase in weight and strength one and a half to three times greater than any of the Extracts of Malt.*

LIST OF MALTINE PREPARATIONS.

MALTINE—Plain.
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Iodide of Iron.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Cod Liver Oil and Phosphates.
MALTINE with Cod Liver Oil and Phosphorus.
MALTINE with Hypophosphites.
MALTINE with Iodides.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia, and Strychnia.
MALTINE Ferrated.
MALTINE WINE.
MALTINE Wine with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTINE with Petroleum.

**MALTINE is a concentrated extract of malted Barley, Wheat, and Oats. In its preparation we employ not to exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.*

We will forward Gratuitously a One Dollar Bottle of any of the above preparations upon payment of the expressage.

Send for our new 28-page pamphlet on Maltine.

Address REED & CARNRICK,

LABORATORY, Yonkers, on Hudson. 182 Fulton St., New York.

Digitized by Google

JOHN REYNDERS & CO.,

No. 303 FOURTH AVENUE,

NEW YORK,

MANUFACTURERS AND IMPORTERS OF

SURGICAL AND ORTHOPÆDICAL

INSTRUMENTS

OF SUPERIOR QUALITY AND WORKMANSHIP.

SKELETONS

—AND—

Anatomical Preparations.

ELECTRIC BATTERIES.

RUBBER

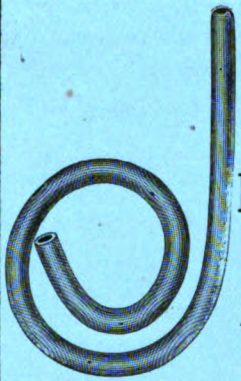
Surgical Articles

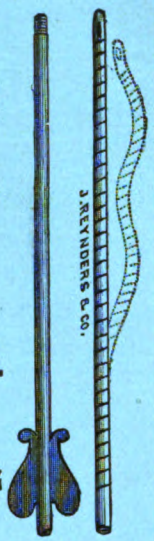
Of every description.

OUR CATALOGUE of 275 pages, and with 2,500 Illustrations, sent Free upon receipt of 10c. for postage.

Patent open-mouth Catheter, much more comfortable while in use than those having hole in the side. The stock is of a quality and smoothness superior to all others in the market.

MAILED ON RECEIPT OF PRICE, 75C.





FLEXIBLE METAL SPRING CATHETER.
MAILED ON RECEIPT OF PRICE, - - $1.50

MELLIN'S FOOD

FOR INFANTS AND INVALIDS.

THE ONLY PERFECT SUBSTITUTE FOR MOTHER'S MILK.

KEEPS IN ALL CLIMATES.

ENDORSED BY THE MEDICAL PROFESSION.

T. Metcalf & Co., Boston, Sole Agents.

Burnett's Cod Liver Oil.

"The pure, pale oil simply extracted from the fresh, healthy liver of the Cod."

BURNETT'S COD LIVER OIL IS 100 PER CENT. PURE COD LIVER OIL.

T. METCALF & CO., Boston, Sole Proprietors.

Digitized by Google

TROMMER'S EXTRACT OF MALT.

"The proper medicinal value of Malt Extracts must be held to depend on the amount of diastase which they contain. * * * * * In Malted Barley we have at command an unlimited supply of diastatic power."

WILLIAM ROBERTS, M.D., F.R.S.,

Prof. Clinical Medicine, Owens College; Physician to the Manchester Infirmary, etc.

"This Extract of Malt is one of the best samples which have come under my notice. One hundred parts contain two and five-tenths parts diastase."

A. RIVERS WILSON, Ph. D.,

Author of "Text-Book of Chemical Analysis," etc.

"It has evidently been prepared with great care and judgment, as it retains the property of acting on amylaceous bodies as diastase does."

T. REDWOOD, Ph.D., F.R.C.S, etc.,

Prof. Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain.

Our Extract of Malt, the first manufactured in America, is *prepared by an improved process which prevents injury to its properties or flavor by excess of heat.* It represents the soluble constituents of malt and hops, viz.: *malt sugar, dextrine, albuminoids (chiefly diastase), resin,* and *bitter of hops, phosphates of lime and magnesia.* It is a most efficient therapeutic agent for the restoration of feeble and exhausted constitutions, being rich in both muscle and fat-producing material, and a most valuable restorative in diseases attended by disordered digestion and emaciation.

Our Malt Extract is sold throughout the United States, Great Britain, the West Indies, and Central and South America, and elsewhere. In all those countries we have placed large supplies in the most important Hospitals, Asylums, and Infirmaries, and in the hands of the leading physicians for trial in private practice. From these sources we have received abundant testimony to the excellence of our Extract in regard to purity and efficiency in the treatment of diseases in which its employment is indicated.

TROMMER EXTRACT OF MALT COMPANY,

FREMONT, OHIO.

Digitized by Google

TROMMER EXTRACT OF MALT.

From the LONDON MEDICAL RECORD, *March* 15, 1879.

Trommer's Malt Extract is a preparation which has been received with considerable favor both in Germany and in America, and is now being introduced into this country. The malt extract of this kind is an unfermented preparation of malt, and containing carbo-hydrates, malt-sugar and dextrine, which take the place in therapeutics which has hitherto been essentially filled by cod-liver oil, while, from the fact that these carbo-hydrates are combined with diastase, with phosphates and with the bitter principle of hop, it has many advantages over cod-liver oil in respect to its power of aiding digestion. Thus the preparation is not only in itself nutritive, but also tonic, and has the power of increasing the gastric secretion, and of rendering starch digestible through the medium of its diastase, which converts it into glucose. A great number of eminent practitioners abroad, including, indeed, most of the leading teachers, speak of it in the highest terms, and independently of the obvious merit of its composition, there is in its favor a mass of clinical evidences, which should certainly secure for it an extensive trial in this country.

From the BRITISH MEDICAL JOURNAL, *April* 19, 1879.

This Extract of Malt has obtained a very large celebrity, and has come into very extensive use in the United States, where, indeed, it has become an article of almost daily use in professional practice. Malt extracts of the kind, consisting of the soluble constituents of barley malt, not fermented, appear to have considerable value in maintaining and strengthening nutrition. They are rich in malt sugar, dextrine and diastase. Hoppe-Seyler points out that, while the dextrine possesses the property of increasing the activity of the gastric secretion, and the diastase assists in converting starch into glucose and dextrine, the malt extract includes also a combination of malt sugar, alkalies and phosphates, which together make it a nutrient and medicinal agent of great value. There is, indeed, an accumulation of considerable clinical evidence that malt extract is capable of taking the place of cod-liver oil, to a large extent, in the treatment of phthisis and other wasting diseases. In Ziemssen's Cyclopædia, vol. xvi, it is said to almost entirely have taken the place of cod-liver oil at the Basle Hospital, without any reason having been found as yet for returning to the latter remedy.

From the LONDON LANCET, *January* 25, 1879.

We find that this Extract converts starch into glucose and dextrine rapidly and in large quantity. In flavor it is excellent, and we have, therefore, no hesitation in praising it highly. Malt Extract seems to be steadily increasing in favor for diseases involving impaired nutrition; but its preparation requires great care, as it is easy in making it to destroy its activity as a starch-converter, and so render it nearly useless. The Malt Extract is supplied in various forms: for example, the simple, for nutrient purposes, with cod-liver oil (which it disguises pleasantly), with the hypo-phosphite, and with iron.

From the LONDON CHEMIST AND DRUGGIST, *February* 15, 1879.

Trommer's Extract of Malt is one of the best of the various preparations of a similar character. It is of the consistence of honey or treacle, and has a pleasant flavor, rendered slightly bitter by the addition of hop. Professor Redwood finds Trommer's Extract has all the power of acting on amylaceous bodies which diastase possesses, and considers the preparation has been made with great care and judgment.

The TROMMER EXTRACT OF MALT COMPANY is engaged exclusively in the manufacture of Malt Extract, "plain," and in such combinations as have been suggested and approved by some of the most eminent members of the Medical profession in both Europe and America. Notwithstanding the large demand, they maintain, by unremitting personal attention to all the details of manufacturing, the uniformity and excellent quality which have established the high reputation attained by their productions on both sides of the Atlantic.

SOLD BY ALL DRUGGISTS THROUGHOUT THE UNITED STATES.

TROMMER EXTRACT OF MALT COMPANY,

2-2 FREMONT, OHIO.

Digitized by Google

J. H. ALEXANDER'S

DRUG STORE

AUGUSTA, GA.,

GRAND DEPOT FOR FINE DRUGS AND CHEMICALS,

QUININE, MORPHINE, OPIUM, SALICINE, SALICYLIC ACID, BROMIDE POTASH, PEPSIN, BISMUTH, AND ALL OTHER MEDICINES.

PRESCRIPTION DEPARTMENT

completely equipped and provided. The best pharmacists in the State, qualified by education and by long experience, are employed here.

PHARMACEUTICAL PREPARATIONS,

such as Trommer's Malt Extract, Valentine's Meat Juice, Liebig's Extract of Beef, Wyeth's Beef, Iron and Wine, and all Tonics, Cordials, and nice preparations for strengthening and building up the system.

STORE HOUSE for Machine Oil, Lard Oil, Tanners' Oil, Neatsfoot Oil, Castor Oil, Sperm Oil, Linseed Oil, Copal Varnish, Coach Varnish.

HEADQUARTERS for Jewett's Pure White Lead and Linseed Oil, Paints, Colors, Paint Brushes, Spirits Turpentine, and all Painting Material, also Glass and Putty.

COPPERAS, Blue Stone, Camphor, English Cooking Soda, Cream Tartar, Alum, Sulphur, Brimstone, Pepper, Mustard, Canary Seed, Sal Soda, Rock Potash, Extract Logwood, Castile Soap, Indigo, Blueing, Matches, Epsom Salts, Saltpetre, Soaps for Laundry and Toilet, Starch.

FINE PERFUMERY, Colognes, Extracts, Pomades, Hair Oils, Combs and Brushes, Face Powders, Hair Tonics and Dyes.

OMNIUM GATHERUM.

FOUR THOUSAND ARTICLES of common household use and necessity, in health and in sickness, some that you must have, some that you will have though you could do without, many that you would not have if you could get on without.

PHYSICIANS' ORDERS are a Specialty with us. Our preparations, both Pharmacopœial, and Proprietary, are of the best in quality, and handled with nice care, and are such as Physicians may use with confidence. Our Drugs are bought with especial reference to Physicians' Orders and Prescriptions, and Family uses. Everything of the most reliable quality.

SURGICAL INSTRUMENTS and usual Appliances, Hypodermic Needles, Clinical Thermometers, Fine Catheters and Bougies Antiseptics, Sponges, Absorbent Cotton and Lint. Any instrument not found in our assortment will be ordered promptly at manufacturers' prices.

TRUSSES—A Good Assortment of Best Styles at Low Prices. An experienced attendant, competent to select for and fit any case usually occurring.

A CASH STORE.

PROMPT and Intelligent Service—Equal always to Cash.
LETTERS answered by return mail invariably.

Address

J. H. ALEXANDER'S DRUG STORE,

AUGUSTA, GA.

Digitized by Google

J. W. PANKNIN,

APOTHECARY,

No. 522 BROAD STREET,

AUGUSTA, GEORGIA.

Digitized by Google

LIEBIG CO.'S GENUINE EXTRACT OF WITCH-HAZEL.

LIEBIG CO.'S Arnicated Extract of WITCH-HAZEL,

HIGHEST MEDALS AT LEADING EXPOSITIONS.

Hamamelis Virginica possesses a wide and varied sphere of usefulness, and is with each year becoming more and more a favorite among medical men, its unpopularity heretofore having been due to the prominence of the unscientific, quack, colorless preparations. Our extract embodies absolutely *all* of the extractive medicinal matters of the bark, root, leaves and smaller twigs. It requires but a comparison with the commonly vended (so-called) Extracts of Witch-Hazel to enable the scientific physician to judge of its superiority, and for this purpose the Liebig Company offer to send samples free of charge to all physicians who may desire them. Witch-Hazel is tonic, astringent and sedative. It has been found curative in Piles, Varicose Veins, Dysmenorrhœa, Phlebitis, Varicocele, Salt-Rheum, Rheumatism, Leucorrhœa, Venous Hemorrhages, Nasal Catarrh; Inflamed, Cracked and Sore Breasts, Bloody-Oozing after Confinement, Spinal Irritation, Vaginitis, Metritis, Endometritis, Endo-Cervicitis, Peri-Metritis, Pruritus Pudendi, etc., etc.

In Chronic Pharyngitis and Laryngitis per inhalation (as also in Nasal Catarrh) it has rendered signal service. For further information we respectfully refer to a monograph on Witch-Hazel, and which we will send free to all who desire it.

"*Your Witch-Hazel has afforded many of our suffering patients most decided relief,*" says Dr. James Knight, Surgeon-in-Chief, Hospital for Ruptured and Crippled, Lexington Avenue, corner Forty-second Street, New York.

"*I have used and prescribed your excellent Extracts of Witch-Hazel and can most heartily endorse them as being the best in the market,*" says Professor John M. Carnochan, Surgeon-in-Chief, State Emigrant Hospitals, Ward's Island, N. Y.

"*Incomparably superior to the trashy articles which are palmed upon the public,*" says Dr. Duncan Campbell, M.D., LL.D., President College of Physicians and Surgeons of Ontario; Member General Council, University of Edinburgh, etc., etc.,

---

Professor Sidney Ringer says: "In Piles I have found it singularly successful."

Dr. Richard Hughes says: "I have cured case after case of Piles by its use, and, indeed, do not remember to have ever failed with it."

Dr. Pattison (on Diseases of Women), says: "It possesses a peculiar power in Dysmenorrhœa. It wards off the suffering without in any way checking the proper and natural flow."

Dr. F. W. Hunt says: "It has rendered me the most brilliant results in anal fissure and fistulæ."

Dr. C. P. Hart, late Surgeon-in-Chief, General Hospital, Louisville, says: "Its curative powers in Burns and Scalds is remarkable. It heals without leaving any contraction or disfigurement," etc., etc.

MEDICAL DEPARTMENT, STATE UNIVERSITY OF IOWA.

"I can endorse your Extracts of Witch-Hazel as the best I have ever used. No scientific physician can afford to be without them," says Professor A. C. Cowperthwaite, Ph. D., M.D., Prof. Diseases of Women.

Above Preparations are manufactured only by

The Liebig Laboratory and Chemical Works Company,

Wholesale Manufacturing Pharmacists & Chemists,

NEW YORK, PARIS and LONDON.

J. L. BERG & CO., SOLE AGENTS, 60 MAIDEN LANE and 21 LIBERTY STREET, NEW YORK.

☞ *In prescribing please specify Liebig Co's. Genuine or (Arnicated, as may be desired) Extract of Witch-Hazel.*

Digitized by Google

Liebig Co's. Coca Beef Tonic.

LIEBIG CO'S COCA BEEF TONIC WITH CITRATE OF IRON,

(2 grains of Iron to the tablespoonful.)

LIEBIG CO'S. COCA BEEF TONIC WITH QUININE,

(1½ grains of the Quinine to the tablespoonful.)

Liebig Co.'s Coca Beef Tonic with Sherry Wine, Iron and Quinine,

Each ½ oz. represents the nutritive elements of 1 oz. of choice beef, dissolved in rare old Sherry, 1 grain of a guaranteed quality of Coca, 2 grains Citrate of Iron and 1½ of pure Quinine.

COCA BEEF TONIC embodies the nutritive elements of the muscular fibre, blood, bone and brain of carefully selected healthy bullocks, in combination with an assured quality (a point of the greatest importance) of Coca. Each tablespoonful represents in solution in a superior grade of Amontillado Sherry the nutritive elements of one ounce of choice beef and the equivalent of two grains of Coca. Coca Beef Tonic with Citrate of Iron, in addition to the ingredients just named, also represents two grains of the Citrate of Iron in each tablespoonful: whilst the Coca Beef Tonic with Quinine represents 1½ grains of the latter in each tablespoonful. Formula on Bottles.

Coca Beef Tonic is a reconstructor, force-generator and revitalizer of broken-down constitutions, whether consequent upon exhausting fevers or other acute forms of disease, or the result of over work, worry, debilitating chronic ailments, impaired and defective assimilation, etc. As a nerve tonic, in Neurasthenia and other forms of nervous depression, it may be safely claimed as unequalled. It will be found of value as an adjuvant in low fevers, malarial poisoning, marasmus, imperfect nutrition, debility and lowered vitality of infants and children, anæmic conditions, chorea, hysteria, hypochondriasis, laryngeal paresis, weak voice of public speakers, singers, actors, clergymen, etc., in gastric and non-inflammatory cardiac affections, leuchæmia, leucocythæmia, melanæmia, chlorosis, paraplegia, hemiplegia, dyspepsia, diphtheritic paralysis, epilepsy. As an aid and facilitant of convalescence it has earned high reputation; as a sustenant in summer complaints it is with each recurring season becoming more and more appreciated. It gives renewed tone and strength to the aged and infirm, and it will be found to be a real nutritive, reconstructive tonic. In loss of male virility its effects are astonishing.

Important—Coca deteriorates very rapidly: see "Johnston's Chemistry." The Coca used by the Liebig Company is from their plantation in Cochabamba, where the freshly picked leaf is immediately used to prepare an extract. The ordinary leaf, as it reaches the foreign market, is practically inert (see pamphlet of Montegazza and others on Coca, which we will mail free).

"Having been made acquainted with the mode of preparation and the composition of Coca Beef Tonic, I have it ordered for patients requiring tonic treatment. Such patients derived marked and decided benefit from it. Scientific men are becoming more and more impressed with the necessity of supplying by nutritive ingesta the wear and tear of civilized life, and the Coca Beef Tonic is composed of materials well suited to fulfil the necessary requirements for which it has been prepared.

J. M. CARNOCHAN, M.D. *Prof. Surgery, N. Y. Medical College: Surgeon-in Chief, State Emigrant Hospitals, Ward's Island, N. Y.: Ex-Health Officer, Port of New York.*"

Amongst other eminent physicians who endorse and prescribe our Coca Beef Tonics are Professor Paul F. Munde, M.D., N. Y. City, editor American Journal of Obstetrics and Diseases of Women and Children; Professor J. C. Le Hardy, M.D., President State Med. Soc., of Ga.; Professor R. C. Word, M.D., LL.D., Dean Southern Med. College, Atlanta, Ga.; Dr. James Knight, Surgeon-in-Chief, Hospital for Ruptured and Crippled, N. Y. City; Professor C. A. Bryce, M.D., Richmond, Va., editor Southern Clinic; Professor E. M. Hale, M.D., Chicago; Professor F. Peyre Porcher, M.D., of Charleston, S. C., editor Charleston Medical Journal, Professor of Clinical Medicine University of South Carolina; Professor C. H. Mastin, M.D., Mobile, Alabama; Professor S. S. Herrick, M.D., of New Orleans, President State Board of Health of Louisiana; Professor H. Goullon, M.D. Physician to the Grand Duke of Saxony; Professor Duncan Campbell, M.D., LL.D., Member General Council University of Edinburgh, President Royal College of Physicians and Surgeons of Ontario, and hundreds of the most distinguished physicians irrespective of school.

"THE ERYTHROXYLON COCA.—The medical profession is naturally, and very properly so, conservative in its acceptance of new theories, and especially so when extravagant claims are made in behalf of unknown remedies. Especially reluctant have many been with reference to the Coca. The powers claimed for it have seemed quite incredible, and no doubt it would have been dismissed without so much as a second thought, had not such men as Humboldt, Christison and other equally eminent scientists, travellers, and physicians lent their names to it. The Liebig Laboratory and Chemical Works Company now offer it to the profession in a form which presents many advantages. Thus it is, for instance, well understood that the active principle of the leaf is extremely volatile, and that it is, in consequence, quite or wholly worthless when it reaches us. The Liebig Company overcome this by using in the tonic named only the fluid extract, prepared directly from the freshly picked leaf. The beef contained in the tonic is from carefully selected healthy bullocks, and the company claim that it contains a much larger per centum of albuminoid and nutritive elements than is to be found in other beef tonics and extracts. The coca and beef are dissolved in a choice quality of sherry wine. Whether or not Coca Beef Tonic is all that the Company claims, there can be no doubt that the indorsements of numerous medical men of prominence, who have used it, which the Company display in their offices, indicate that it has merits. The formula is on the bottle."—*N. Y. Medical Journal.*

PREPARED ONLY BY

THE LIEBIG LABORATORY AND CHEMICAL WORKS CO.,

Wholesale Manufacturing Pharmacists and Chemists,

NEW YORK, PARIS AND LONDON.

J. L. BERG & CO., Sole Agents,
60 Maiden Lane, N.Y.

☞ *In prescribing, please specify Liebig Co's., as there are counterfeits under imitative names.*

Digitized by Google

OSMUN'S

Elixir of Calisaya Bark

WITH

HYPOPHOSPHITES OF LIME AND SODA.

This elegant preparation contains, in the combination which exists naturally in the Bark, the medicinal matter of the true Yellow or Calisaya Bark, in a permanent liquid form, united in the cordial with a harmonious proportion of agreeable flavoring, rendering it very pleasant to the taste.

With these are combined a proper proportion of chemically pure Hypophosphites of Lime and Soda. The medicinal action is upon the liver and the nervous and muscular system; also, upon the blood, inducing appetite digestion, refreshing sleep, enriched blood, nervous and muscular force elasticity and endurance.

DOSE.—For Adults, a tablespoonful before meals. For children, one or two teaspoonfuls are sufficient. It may be taken clear or with a little water.

PRICE, One Dollar per Bottle. Six Bottles for $5.00,

SENT BY EXPRESS ANYWHERE.

—PREPARED BY—

CHAS. A. OSMUN,

PHARMACEUTICAL CHEMIST,

13 Seventh Avenue, New York.

Digitized by Google

ILLUSTRATIONS.

NOTICE TO MEMBERS OF THE ASSOCIATION

IN REGARD TO

ILLUSTRATIONS TO THEIR ARTICLES

IN THE NEXT VOLUME OF TRANSACTIONS.

THE ATTENTION OF MEMBERS desiring to obtain Illustrations to their articles for the next volume of TRANSACTIONS, is respectfully called to the fact that every facility will be afforded them for doing so, on application to the Secretary, who will furnish estimates and put the members promptly in correspondence with the manufacturers of the various kinds of Illustrations; such as,

WOODCUTS,

PHOTO-ENGRAVINGS,

PHOTOTYPES,

HELIOTYPES,

ARTOTYPES,

LITHOGRAPHS, ETC.

Inquiries on the subject should contain as full a description as possible as to the size and style of picture desired; stating also whether it is to be made from a photograph, drawing, or otherwise,—with any other particulars that may be essential.

As the next volume will be issued at an earlier date, these arrangements should be made as early as possible, so as not to give rise to any unnecessary delay.

SECRETARY.

Digitized by Google

FINE WORK

NEW TYPE

Letter Heads,
Billheads & Programmes.

JOSEPH LOVEDAY,

—PLAIN AND ORNAMENTAL—

Book and Job Printer,

727 REYNOLD STREET

AUGUSTA, - GA.

Confidential Work a
Specialty.

NEATNESS

QUICKNESS

Digitized by Google

JOHNSTONE'S IMPROVED

ADAPTABLE POROUS FELT SPLINTS.

AHL'S SPLINT MANUFACTURING COMPANY, LIMITED,

123 & 125 South Eleventh Street, PHILADELPHIA, PA.

THE ADAPTABLE POROUS SPLINTS, invented and improved by W. H. JOHNSTONE, have been tested extensively in both civil and military practice for a number of years, and have been endorsed and recommended in the most unqualified manner by the celebrated and distinguished Surgeons of America.

Their *porosity* is a peculiar and a valuable property. While the material is firm and insoluble, it permits readily the passage of air and fluids, so that, on one hand, the heat from the inflamed surface, the perspiration, and the morbid exhalations, are not confined, to the detriment of the patient, *as is the case in every other kind of splint*, but pass off freely; and on the other hand, lotions of cold or warm water, medicated or not with weak alcohol, carbolic acid, arnica, tincture, solutions of the sulphites, etc., can be constantly applied without disturbing the dressings. This, it will readily be seen, is a most invaluable property when the parts are bruised, lacerated, filled with extravasated blood, or erysipelatous, and give these splints a conspicuous advantage over all others.

From FRANK H. HAMILTON, M. D., Professor of Fractures and Dislocations in the Bellevue Hospital Medical College, author of "A Treatise on Fractures and Dislocations," etc.

Having examined carefully *JOHNSTONE'S IMPROVED ADAPTABLE POROUS FELT SPLINTS*, I feel warranted in recommending them to the Profession as superior to all other manufactured splints now in use. They possess all the essential qualities of a good splint having firmness, pliability and lightness.

FRANK H. HAMILTON, M. D.,
Prof. Military Surgery and Fractures and Dislocations, Bellevue Hospital Col.

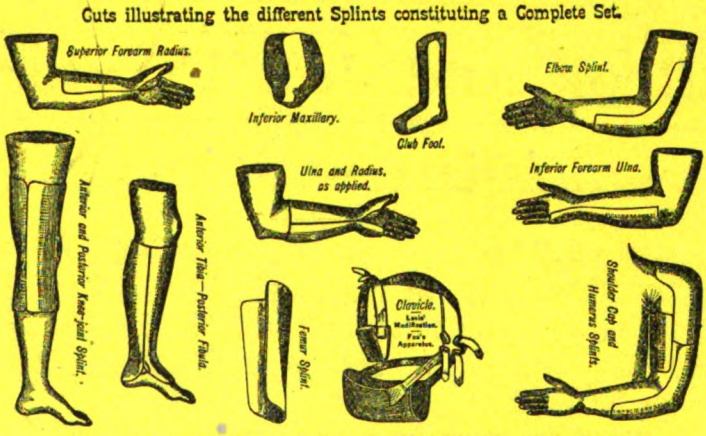
From PROF. D. HAYES AGNEW, Prof. Surgery, University of Penna.

1611 CHESTNUT STREET, PHILADELPHIA, *February 6th*, 1879.

The Adaptable Felt Splints, formerly known as those of Dr. Ahl, with the improvement now made by W. H. Johnstone, which renders them in every way superior to the former, I regard as very excellent appliances in the treatment of fractures.

D. HAYES AGNEW,
Prof. Surgery, University of Pennsylvania.

Cuts illustrating the different Splints constituting a Complete Set.



SPECIAL NOTICE TO THE PROFESSION AND TRADE.

Our *policy* heretofore in the introduction of **JOHNSTONE'S IMPROVED ADAPTABLE POROUS FELT SPLINTS**, has been to confine the sales and business negotiations directly to the Doctors themselves, declining in every case to sell our goods through Dealers; we having assured the Profession generally, both through our agents and catalogues, that *JOHNSTONE'S IMPROVED SPLINTS* could only be obtained by subscription.

We wish to announce, that owing to the large demand for our goods and the constant importunity on the part of *Surgeons* everywhere to place our Splints on sale with their Instrument Dealer or Druggist, to afford them greater convenience and facility in obtaining the pieces in duplicate, **we have at last acceded to that request, and hereafter** *JOHNSTONE'S CELEBRATED FELT SPLINTS* **can be obtained at most dealers in Instruments and Drugs throughout the United States, at the same price which they were heretofore sold, viz:**

A complete set, embracing fifty (50) pieces—twenty-five for adults and twenty-five for children—is thirty ($30) dollars.
Extra or duplicate pieces can always be obtained from your DEALER, at one dollar each.

JOHNSTONE'S CELEBRATED SPINAL JACKET, for Curvatures and Deformities, have met with unparalleled success, and, from their merit, secured the unqualified endorsement and approbation of our celebrated orthopædic specialists, and particular expression of gratitude from the patients who are wearing them. For full information, send for Descriptive Circulars.

Should your Instrument dealer fail to have a supply of our Splints, and decline to carry them in stock, orders sent to us will receive prompt attention.

AHL'S SPLINT MANUFACTURING CO., Limited,
W. H. JOHNSTONE, Manager.

Digitized by Google

EXTRA COPIES

OF

THIS VOLUME.

MEMBERS AND OTHERS

Desiring Additional Copies of This Volume of

TRANSACTIONS

OF THE

MEDICAL ASSOCIATION OF GEORGIA,

THIRTY-SECOND ANNUAL SESSION

1881

May obtain them from the Secretary of the Association.

Price, per Copy, at the Secretary's Office - - **$1.50**
Single Copies, by mail, post paid - - - - - **$1.65**

Several Copies---when so ordered---will be sent, in one package, **by Express,** on receipt of **$1.50** each, Express Charges to be paid on delivery.

☞ All Orders must be accompanied by the Cash.

At this moderate price no discount will be made on any number of copies.

No responsibility will be assumed for money sent through the mails otherwise than by post office order, bank check or registered letter.

Please remember that the amount must accompany all orders, without exception.

Address: A. SIBLEY CAMPBELL, M.D., Secretary,
112 McIntosh Street, AUGUSTA, GA.

Digitized by Google

UNIVERSITY OF MICHIGAN
3 9015 07057 2154

SHARP & DOHME,

BALTIMORE, MD.,

MANUFACTURERS OF

RELIABLE OFFICINAL AND OTHER

STANDARD FLUID AND SOLID EXTRACTS,

Elixirs, and other Pharmaceutical Preparations,

DIALYZED IRON, SACCHARATED PEPSIN,

Soluble Gelatine Coated Pills

—AND—

SOLUBLE SUGAR COATED PILLS.

Comprising all the Officinal and other well-known favorite formulæ.

These PILLS are all Prepared with the Utmost Care, under our Immediate Supervision.

The DRUGS entering into their composition are of the Best Quality.

The Quantities and Proportions are Invariably as Represented on the Labels.

The Excipients to make the Masses are Carefully Chosen in each case, to make the Pill Permanently Soluble in the Fluids of the Stomach and Bowels.

The Sugar Coating and Gelatine Coating will be found very Soluble, and not Excelled by any other in point of beauty or finish.

Catalogues, giving Composition, Doses, etc., of all our Preparations, Mailed to Physicians on application.

SHARP & DOHME,

MANUFACTURING CHEMISTS AND PHARMACISTS

S. W. COR. HOWARD AND PRATT STS.,

BALTIMORE, MARYLAND.

Digitized by Google